


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N93000003801	
1. Entity Name PENSACOLA BAY AREA LITERACY COALITION, INC.	

Principal Place of Business UNITED WAY OF ESCAMBA COUNTY 1301 WEST GOVERNMENT PENSACOLA, FL 32501 US	Mailing Address P.O. BOX 853 PENSACOLA, FL 32594-0853 US
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3243072	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ICENOGLER, RITA L 1301 WEST GOVERNMENT PENSACOLA, FL 32501
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORMSMA, CAROLYN 1000 COLLEGE BLVD BLDG 1 ROOM 171 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ICENOGLER, RITA 1301 WEST GOVERNMENT PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, CAROL PO BOX 12710 PENSACOLA, FL 32574
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/25/07-80004-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita L. Icenogle Rita L. Icenogle 4-6-07 (35)444-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #