

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000003801**

1. Entity Name  
**PENSACOLA BAY AREA LITERACY COALITION, INC.**



Principal Place of Business  
**UNITED WAY OF ESCAMBIA COUNTY  
1301 WEST GOVERNMENT  
PENSACOLA, FL 32501 US**

Mailing Address  
**P.O. BOX 853  
PENSACOLA, FL 32594-0853 US**



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3243072</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**ICENOGL, RITA L  
1301 WEST GOVERNMENT  
PENSACOLA, FL 32501**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**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 ICENOGL, 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	

U000000917336  
05/13/08-80037-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 Icenogle* **RITA ICENOGL** 4/18/08 (850) 444-7111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #