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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006135 (7)

1. Corporation Name

WEST PENSACOLA YOUTH ASSOCIATION, INC.

Principal Place of Business

1600 NORTH "T" STREET
PENSACOLA FL 32505

Mailing Address

POST OFFICE BOX 17834
PENSACOLA FL 32522-78343. Date Incorporated or Qualified
12/15/19943a. Date of Last Report
05/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3387296

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKMON, PAUL A
2062 MASSACHUSETTS AVE
PENSACOLA FL 32505

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETENAME MCKENZIE, GERALD
STREET ADDRESS 6043 CHANDELLE CIRCLE
CITY-ST-ZIP PENSACOLA FL 325071.1 TITLE D ☐ Change ☒ Addition1.2 NAME STEVE F. CRENSHAW
1.3 STREET ADDRESS 361 QUINTETTE ROAD
1.4 CITY-ST-ZIP PENSACOLA, FL 32533TITLE PD ☐ DELETENAME JOHNSON, LESLIE
STREET ADDRESS 903 WEST HATTON STREET
CITY-ST-ZIP PENSACOLA FL 325012.1 TITLE D ☐ Change ☒ Addition2.2 NAME CYNTHIA POINDEXTER
2.3 STREET ADDRESS 1014 W. MAXWELL STREET
2.4 CITY-ST-ZIP PENSACOLA, FL 32501TITLE SD ☒ DELETENAME KIMBROUGH, JEANETTE
STREET ADDRESS 709 NORTH "Y" STREET
CITY-ST-ZIP PENSACOLA FL 325053.1 TITLE SD ☒ Change ☐ Addition3.2 NAME ROSALIND MAXWELL
3.3 STREET ADDRESS 1019 W. CHASE STREET
3.4 CITY-ST-ZIP PENSACOLA, FL 32501TITLE TD ☐ DELETENAME BLACKMON, PAUL A
STREET ADDRESS 2062 MASSACHUSETTS AVE.
CITY-ST-ZIP PENSACOLA FL 325054.1 TITLE TD ☒ Change ☐ Addition4.2 NAME AMY Y. BURNETTE
4.3 STREET ADDRESS 2400 N. 14th AVENUE
4.4 CITY-ST-ZIP PENSACOLA, FL 32503TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE D ☐ Change ☒ Addition5.2 NAME ROBBIE C. UNDERWOOD
5.3 STREET ADDRESS 402 LADYBIRD LANE
5.4 CITY-ST-ZIP PENSACOLA, FL 32503TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul A. Blackmon, PRESIDENT. BLACKMON 5/1/97 904-463-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)