

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000006135

FILED
Oct 14, 2004
Secretary of State**Entity Name:** WEST PENSACOLA YOUTH ASSOCIATION, INC.**Current Principal Place of Business:**1600 NORTH "I" STREET
PENSACOLA, FL 32522**New Principal Place of Business:**1600 NORTH
PENSACOLA, FL 32522**Current Mailing Address:**7405 VIVER NELL LANE
PENSACOLA, FL 32576**New Mailing Address:****FEI Number:** 59-3387296 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**BLACKMON, PAUL A
7405 VIVER NELL LANE
PENSACOLA, FL 32576 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: MCKENZIE, GERALD
Address: 301 N BARCELONA STREET
City-St-Zip: PENSACOLA, FL 32501**Title:** ST () Delete
Name: WATKINS, CAROLYN
Address: 2700 W SCOTT STREET
City-St-Zip: PENSACOLA, FL 32505**Title:** D () Delete
Name: TOLER, MELVIN
Address: 2386 URSULA LANE
City-St-Zip: PENSACOLA, FL 32576**Title:** D () Delete
Name: JONES, RUFUS
Address: 2341 AMELIA LANE
City-St-Zip: PENSACOLA, FL 32576**Title:** D () Delete
Name: POSEY, CHARLES
Address: 1922 W YONGE STREET
City-St-Zip: PENSACOLA, FL 32501**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN L. WATKINS

ST

10/14/2004

Electronic Signature of Signing Officer or Director_____
Date