

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002886

DOCUMENT # N94000006135

1. Entity Name

WEST PENSACOLA YOUTH ASSOCIATION, INC.



Principal Place of Business

1600 NORTH 7TH STREET
PENSACOLA FL 32505

Mailing Address

P.O. BOX 17494
PENSACOLA FL 32522-7949

FILED
03 OCT 20 PM 2:50

SECRETARY OF STATE



2. Principal Place of Business

SAA

3. Mailing Address

7405 VIVER NELL LANE

Suite, Apt. #, etc.

SAME AS ABOVE

Suite, Apt. #, etc.

NA

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32522

Country

USA

Zip

32576

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3387296**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACKMON, PAUL A
7405 VIVER NELL LANE
PENSACOLA FL 32576**

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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

NA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P MCKENZIE, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	301 N BARCELONA STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE NAME	ST WATKINS, CAROLYN	<input type="checkbox"/> Delete
STREET ADDRESS	2700 W SCOTT STREET	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE NAME	D TOLER, MELVIN	<input type="checkbox"/> Delete
STREET ADDRESS	2386 URSULA LANE	
CITY-ST-ZIP	PENSACOLA FL 32576	
TITLE NAME	D JONES, RUFUS	<input type="checkbox"/> Delete
STREET ADDRESS	2341 AMELIA LANE	
CITY-ST-ZIP	PENSACOLA FL 32576	
TITLE NAME	D POSEY, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	1922 W YONGE STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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: **X**

STATE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)