


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 08 1997 8:00am
Secretary of State

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|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N95000005944 (2)**

1. Corporation Name

THE PHYSICS ALLIANCE OF NORTHWEST FLORIDA, INC.

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| Principal Place of Business C O ARTHUR SCHANG 11000 UNIVERSITY PKWY PENSACOLA FL 32514 | Mailing Address C O ARTHUR SCHANG 11000 UNIVERSITY PKWY PENSACOLA FL 32514 |
|--|--|

DO NOT WRITE IN THIS SPACE

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|--|--|
| 3. Date Incorporated or Qualified 12/19/1995 | 3a. Date of Last Report 05/01/1996 |
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|---|--|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 4. FEI Number 59-3355986 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|--|---|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, MARK L
109 NO. PALAFOX STREET
PENSACOLA FL 32501**

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAYAS, JOSEPH DR. | 1.2 NAME | |
| STREET ADDRESS | 5085 KEYSTON ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL 32504 | 1.4 CITY-ST-ZIP | |
| TITLE | CT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHANG, ARTHUR | 2.2 NAME | |
| STREET ADDRESS | 4838 SAN MIGUEL ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVALON BEACH FL 32583 | 2.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOON, PHIL | 3.2 NAME | |
| STREET ADDRESS | 3905 RED BUD LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL 32571 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARSH, JAMES DR. | 4.2 NAME | |
| STREET ADDRESS | 1791 E. JORDAN STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHANG, ARTHUR | 5.2 NAME | |
| STREET ADDRESS | 4838 SAN MIGUEL STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVALON BEACH FL 32583 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHANG, VENETTA | 6.2 NAME | |
| STREET ADDRESS | 4838 SAN MIGUEL STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVALON BEACH FL 32583 | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E037 (4/97)