

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified
12/19/1995

4. FEI Number	Applied For
59-3355986	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

10. Name and Address of New Registered Agent
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	
TITLE	PD
NAME	ZAYAS, JOSEPH DR.
STREET ADDRESS	5985 KEYSTON ROAD
CITY-ST-ZIP	PENSACOLA FL 32504
TITLE	CT
NAME	SCHANG, ARTHUR
STREET ADDRESS	4838 SAN MIGUEL ST.
CITY-ST-ZIP	AVALON BEACH FL 32583
TITLE	TD
NAME	MOON, PHIL
STREET ADDRESS	3905 RED BUD LANE
CITY-ST-ZIP	PACE FL 32571
TITLE	SD
NAME	MARSH, JAMES DR.
STREET ADDRESS	1791 E. JORDAN STREET
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D
NAME	SCHANG, ARTHUR
STREET ADDRESS	4838 SAN MIGUEL STREET
CITY-ST-ZIP	AVALON BEACH FL 32583
TITLE	D
NAME	SCHANG, VENETTA
STREET ADDRESS	4838 SAN MIGUEL STREET
CITY-ST-ZIP	AVALON BEACH FL 32583

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN ZAYAS
2.3 STREET ADDRESS	5985 KeyStone Rd
2.4 CITY-ST-ZIP	Pens FL 32504
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VENETTA G. SCHANG
3.3 STREET ADDRESS	4838 San Miguel St.
3.4 CITY-ST-ZIP	Avalon Bch, FL 32583
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan
4.3 STREET ADDRESS	Susan
4.4 CITY-ST-ZIP	Susan
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C D
5.3 STREET ADDRESS	Susan
5.4 CITY-ST-ZIP	Susan
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jeri Martin
6.3 STREET ADDRESS	P.O. 695 N/A
6.4 CITY-ST-ZIP	Bayshore FL 32530

14. 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 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: **Joseph D. Zayas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/98

(850) 474-1657

CR2E037 (10/97)