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

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-29-2002 90693 043 ****70.00

DOCUMENT # N95000005944

1. Entity Name
The Physics Alliance of Northwest Florida, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Physics Dept, UWF	Arthur Schang - Physics Dept
Suite, Apt. #, etc. 11000 University Pkwy	Suite, Apt. #, etc. 11,000 University Pkwy
City & State Pensacola, FL	City & State Pensacola, FL
Zip 32514 Country USA	Zip 32514 Country USA

4. FEI Number 593355986 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark L. Smith

Street Address (P.O. Box Number is Not Acceptable): 109 N. Palafox St.

City: Pensacola FL Zip Code: 32501

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Dr. Frank Palma
STREET ADDRESS	6528 Jay St.
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	Vice President
NAME	SCOTT Kelly
STREET ADDRESS	7710 Beulah Rd
CITY-ST-ZIP	Pensacola, FL ~~32504~~ 32526
TITLE	Secretary
NAME	Dr. Joseph Zayas
STREET ADDRESS	5985 Keystone Dr.
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	Treasurer
NAME	Venetta Schang
STREET ADDRESS	4838 San Miguel St.
CITY-ST-ZIP	Avalon Beach, FL 32583
TITLE	Director
NAME	Arthur C. Schang
STREET ADDRESS	4838 San Miguel St.
CITY-ST-ZIP	Avalon Bch FL 32583
TITLE	
NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur C. Schang 5/21/02 850-994-4963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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