

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005944

FILED
Apr 07, 2008
Secretary of State

Entity Name: THE PHYSICS ALLIANCE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

JOE ZAYAS PHYSICAL SCIENCE DEPT
1000 COLLEGE BLVD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

JOE ZAYAS PHYSICAL SCIENCE DEPT
1000 COLLEGE BLVD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3355986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARK L
109 NO. PALAFOX STREET
PENSACOLA, FL 32501 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: SD () Delete
Name: ZAYAS, DR. JOSEPH
Address: 5985 KEYSTONE ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: PD () Delete
Name: KELLY, SCOTT
Address: 7985 BURSTAFF RD
City-St-Zip: PENSACOLA, FL 32514

Title: TD () Delete
Name: PALMA, DR. FRANK
Address: 6528 JOY ST
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: MCFEE, MIKE
Address: 3965 HIDDEN OAK DRIVE
City-St-Zip: PENSACOLA, FL 32504

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:
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 exemption stated in Chapter 119, 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: DR. JOSEPH ZAYAS

SD

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date