

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90078 003 ****61.25

DOCUMENT # N95000005944

1. Entity Name

THE PHYSICS ALLIANCE OF NORTHWEST FLORIDA, INC.



Principal Place of Business

**C O ARTHUR SCHANG, PHYSICS DEPT. UWF
11000 UNIVERSITY PKWY
PENSACOLA FL 32514**

Mailing Address

**C O ARTHUR SCHANG
11000 UNIVERSITY PKWY
PENSACOLA FL 32514**

2. Principal Place of Business

**GO. Joe Zayas, Physical Sciences Dept.
Suite, Apt. #, etc. Pensacola Jr. College
1000 College Blvd**

3. Mailing Address

**Joe Zayas Pensacola Jr. College
Suite, Apt. #, etc. 1000 College Blvd**

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

U.S.A.

Zip

32504

Country

U.S.A.

4. FEI Number

59-3355986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

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

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 **SO** ☐ Delete
NAME **ZAYAS, JOSEPH DR.**
STREET ADDRESS **5985 KEYSTON ROAD**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **VP** ☐ Delete
NAME **KELLY, SCOTT**
STREET ADDRESS **7710 PELAH RD**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **PD** ☐ Delete
NAME **PALMA, DR. FRANK**
STREET ADDRESS **8528 JAY ST.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **TD** ☒ Delete
NAME **SCHANG, VENETTA**
STREET ADDRESS **4838 SAN MIGUEL ST**
CITY-ST-ZIP **AVALON BCH FL 32583**

TITLE **D** ☒ Delete
NAME **SCHANG, ARTHUR**
STREET ADDRESS **4838 SAN MIGUEL STREET**
CITY-ST-ZIP **AVALON BEACH FL 32583**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/T/D** ☒ Change ☐ Addition
NAME **SCOTT KELLY**
STREET ADDRESS **7985 BURSTAFF RD**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Dr. Frank Palma**
STREET ADDRESS **6528 JOY ST.**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

Joseph M. Zayas

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 11, 2003 (850) 484-1104

Date

Daytime Phone #

CR2E037 (10/02)