FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N97000003791 (7)

URBAN LEAGUE OF PENSACOLA, FLORIDA, INC.

Principal Place of Business Mailing Address 421 N. PALAFOX ST. 421 N. PALAFOX ST. 3. Date Incorporated or Qualified PENSACOLA FL 32501 PENSACOLA FL 32501 06/17/1997 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 WHIBBS, VINCENT J JR. 82 Street Address (P.O. Box Number is Not Acceptable) 421 N. PALAFOX ST. 83 PENSACOLA FL 32501 84 Zip Code 11. Pursuant to the provisions of Sociions 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 TITLE **RIVERS, GAIL** NAME 1.2 NAME 530 Wynnehurst St. Perusnicula, Florion P.O. BOX 63~ STREET ADDRESS 1.3 STREET ADDRESS 32503 PENSACOLA FL 32591 CITY-ST\ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE **WELCOME, JAMES** NAME 2.2 NAME 502 N. GREEN ST. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE **3.1 TITLE** FORD, MICHAEL E NAME 3.2 NAME 712 UNDERWOOD AVE. 3.3 STREET ADDRESS STREET ADORESS PENSACOLA FL 32504 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE WHIBBS, VINCE JR. NAME 4 2 NAME 421 N. PALAFOX ST. STREET ADDRESS 4.3 STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 T(TL€ RANKLINS, LEON NAME 5.2 NAME 719 NORTH C ST. 5.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32501 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE **BROWN, PAT** NAME 6.2 NAME 8175 IMPERIAL DR. STREET ADDRESS 6.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP

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 my an attackment with an address.

CIGNIATIDE.

FILED

May 27 1998 8:00am

Secretary of State

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