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CALL 7 HASSEL, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N97000003791 1. Corporation Name URBAN LEAGUE OF PENSACOLA, FLORIDA, INC.		

Principal Place of Business 421 N. PALAFOX ST. PENSACOLA FL 32501	Mailing Address 421 N. PALAFOX ST. PENSACOLA FL 32501
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59-3392392

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/17/1997
22 City & State	27 City & State	4. FEI Number APPLIED FOR Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WHIBBS, VINCENT J JR. 421 N. PALAFOX ST. 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 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0602 and 617.1506, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVERS, GAIL		1.2 NAME	
STREET ADDRESS 530 WYNNHURST ST		1.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32503		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELCOME, JAMES		2.2 NAME LINDA R. DANIEL	
STREET ADDRESS 502 N. GREEN ST.		2.3 STREET ADDRESS P.O. Box 9085	
CITY-ST-ZIP PENSACOLA FL 32505		2.4 CITY-ST-ZIP PENSACOLA, FLORIDA 32513	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORD, MICHAEL E		3.2 NAME	
STREET ADDRESS 712 UNDERWOOD AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32504		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHIBBS, VINCE JR.		4.2 NAME	
STREET ADDRESS 421 N. PALAFOX ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32501		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANKINS, LEON		5.2 NAME	
STREET ADDRESS 719 NORTH C ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32501		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, PAT		6.2 NAME	
STREET ADDRESS 6175 IMPERIAL DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		6.4 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 file 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 which all other filers employed.

SIGNATURE: _____ DATE: 4/17/99