

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006415

1. Entity Name

THE DOWN SYNDROME ASSOCIATION OF NORTHWEST FLORI

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90065 004 ****61.25

Principal Place of Business

Mailing Address

PO BOX 10698
PENSACOLA FL 32524-0698

PO BOX 10698
PENSACOLA FL 32524-0698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3475988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, JAMES
4300 BAYOU BLVD
STE 16
PENSACOLA FL 32503

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **BARRECA, MICHELLE**
STREET ADDRESS **838 CHRISTY CT**
CITY-ST-ZIP **PENSACOLA FL 32508**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MAYNE THERESA. O.**
STREET ADDRESS **1111 CARTER DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☒ Delete
NAME **BARRECA, FRANK**
STREET ADDRESS **838 CHRISTY CT**
CITY-ST-ZIP **PENSACOLA FL 32508**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME **GAIL FROEMMING**
STREET ADDRESS **10062 HUNTSMAN PATH**
CITY-ST-ZIP **PENSACOLA FLA 32514**

TITLE **D** ☒ Delete
NAME **FROEMMING, GAIL**
STREET ADDRESS **10062 HUNTSMAN PATH**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **SECRETARY-TREASURER** ☒ Change ☐ Addition
NAME **JENNIFER GROVES**
STREET ADDRESS **611 LAKE SHORE DR.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☒ Delete
NAME **SHELLEY, RUPERT**
STREET ADDRESS **4394 LIFA LANE**
CITY-ST-ZIP **PACE FL 32571**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SMITHEE VICKIE**
STREET ADDRESS **261 BEACON RD**
CITY-ST-ZIP **PENSACOLA, FLA 32503**

TITLE **D** ☒ Delete
NAME **WILEY, TANYA**
STREET ADDRESS **9614 SUNNGHANNA BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DUYALL DEENA**
STREET ADDRESS **234-B CLARK AVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☒ Delete
NAME **INGVOLDSTAD, DIANE**
STREET ADDRESS **7715 LAND RD**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **WANDAL SARAH**
STREET ADDRESS **5025 SOUND SIDE DR**
CITY-ST-ZIP **GULF BREEZE, FLA 32561**

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.

SIGNATURE:

Theresa O. Mayne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT
4/26/00 (850) 478-7622
Date Daytime Phone #

CR2E037 (9/99)