

2000 UNIFORM BUSINESS REPORT (UBR)

2/22/

FILED
Jun 27, 2000 8:00 am
Secretary of State

02-22-2000 90003 043 ****70.00

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Entity Name
TRIPLE GROVE YOUTH ASSOCIATION FOUNDATION, INC.

Principal Place of Business Mailing Address
 99 NORTH 61ST AVE
 PENSACOLA FL 32506

Principal Place of Business 3. Mailing Address
 P.O. Box 3202

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 PENSACOLA, FL
 Zip Country Zip Country
 32516 ESCAMBA



4. FEI Number Applied For
 31-1709400 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CURRIE, GLENN
 7820 TEMPLETON ROAD
 PENSACOLA FL 32507

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PR	NAME CURRIE, GLEN	STREET ADDRESS 99 NORTH 61ST AVE	CITY-ST-ZIP PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE VP	NAME MACON, ROBERT R	STREET ADDRESS 99 NORTH 61ST AVE	CITY-ST-ZIP PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE D	NAME HALL, MIKE	STREET ADDRESS 99 NORTH 61ST AVE	CITY-ST-ZIP PENSACOLA FL 32506	<input checked="" type="checkbox"/> Delete
TITLE T	NAME MILLER, JEFF	STREET ADDRESS 99 NORTH 61ST AVE	CITY-ST-ZIP PENSACOLA FL 32506	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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: Glenn Currie Date: 2/14/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREC037 (9/99)