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Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755255 (7)
1. Corporation Name
FAVORHOUSE OF NORTHWEST FLORIDA, INC.



Principal Place of Business: 2001 W BLOUNT ST, PENSACOLA FL 32501, US
Mailing Address: 2001 W BLOUNT ST, PENSACOLA FL 32501-2270, US

3. Date Incorporated or Qualified: 11/24/1980
3a. Date of Last Report: 07/16/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

4. FEI Number: 59-2075120
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
~~MCMAHON, CYNDI
2320 GLAMIS DR.
PENSACOLA FL 32503~~ *Delete*

10. Name and Address of New Registered Agent
81 Name: HUTTO, PATTI
82 Street Address (P.O. Box Number is Not Acceptable): 1120 TALL PINE TRL.
84 City: GULF BREEZE FL 85 Zip Code: 32561

11. Pursuant to the provisions of Sections 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.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, PATTI	1.2 NAME	HUTTO, PATTI
STREET ADDRESS	1120 TALL PINE TR.	1.3 STREET ADDRESS	1120 TALL PINE TRL.
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	PDD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMAHON, CYNDI	2.2 NAME	LUBKOWITZ, ADELA
STREET ADDRESS	2320 GLAMIS DR	2.3 STREET ADDRESS	100 NIGHTINGALE LANE
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODGES, KATHY	3.2 NAME	MOULTON, ANN
STREET ADDRESS	7439 SAN RAMON DR.	3.3 STREET ADDRESS	4110 STRINGFIELD RD.
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINDHAM, PAT	4.2 NAME	WOOLF, KENNETH
STREET ADDRESS	270 N PALAFOX ST.	4.3 STREET ADDRESS	100 W GADSDEN ST.
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

CR2E037 (9/96)