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 #

1. Corporation Name

755255

(7)

FAVORHOUSE OF NORTHWEST FLORIDA.INC.

Principal Place of Business		Mailing Address			SIDII BIBII BIBII BIBII DIBII BIBII FODI
2001 W BLOUNT ST PENSACOLA FL 32501		2001 W BLOUNT ST PENSACOLA FL 32501		3. Date Incorporated or Qualified 11/24/1980	
us		US		4. FEI Number	Applied For
				59-2075120	Not Applicable
· ·	ace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing	Fee Required \$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
23		28			Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid	— • • • •
24	25	29]	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
	9. Name and Address of Curre	иг небізгеген жденг	81 Name	10. Name and Address of New Negit	stered Agent
HITTO	DATTI				
HUTTO, PATTI 1120 TALL PINE TRAIL			62 Street Add	dress (P.O. Box Number is Not Acceptable)
GULF BREEZE FL 32561			83		
000 0	ALGER 1 E GEOST		84 City		85 Zip Code
					FL T
11. Pursuant to	o the provisions of Sections 617.05 egiste red agent, or both, in the State m fa miliar with, and accept the oblic	02 and 617.1508, Florida Status of Florida. Such change was	ites, the above-named cor authorized by the corpora	rporation submits this statement for the pur ation's board of directors. I hereby accept	pose of changing its registered the appointment as registered
•	m tamalar with, and accept the dollg	gations of Section 617.0503, F	iurua siaiules.		
SIGNATURE _	Signature, typed or printed name of registered ag	cont and title if applicable (NO	TE: Registered Agent signature requ	ured when rainstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.4 TITLE		Change Addition
NAME	HUTTO, PATTI		1.2 NAME		
STREET ADDRESS	1120 TALL PINE TR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL	Louist	1.4 CITY-ST-ZIP		Change Addition
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME	LUBKOWITZ, ADELA 100 NIGHTINGALE LANE		2.2 NAME		
STREET ADDRESS	GULF BREEZE FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	MOULTON, ANN		3.2 NAME		
STREET ADDRESS	4110 STRINGFIELD RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	Woolf, Kenneth		4. 2 NAME		
STREET ADDRESS	100 W GADSDEN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY - ST - ZiP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		06
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 suppliemental 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 12 if changed, or on an attachment with an address.

May 20 1668

;R2E037 (10/97)

FILED

Jun 25 1998 8:00am

Secretary of State