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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755255

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
 US



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1	26	11/24/1980
2. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number
2	27	59-2075120
3. City & State	28. City & State	5. Certificate of Status Desired
3	28	<input type="checkbox"/> \$8.75 Additional Fee Required
4. Zip Country	29. Zip Country	6. Election Campaign Financing
4	29	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTTO, PATTI
 1120 TALL PINE TRAIL
 GULF BREEZE FL 32561

81 Name	MRS. ADELA LUBKOWITZ
82 Street Address (P.O. Box Number is Not Acceptable)	100 NIGHTINGALE LANE
83	
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: *Adela Lubkowitz* ADELA LUBKOWITZ, PRESIDENT DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTO, PATTI	1.2 NAME	LUBKOWITZ, ADELA
STREET ADDRESS	1120 TALL PINE TR.	1.3 STREET ADDRESS	100 NIGHTINGALE LANE
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUBKOWITZ, ADELA	2.2 NAME	LEIDNER, PAT
STREET ADDRESS	100 NIGHTINGALE LANE	2.3 STREET ADDRESS	617 NORTH 19TH AVE.
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOULTON, ANN	3.2 NAME	ECKERLEIN, DOROTHY
STREET ADDRESS	4110 STRINGFIELD RD	3.3 STREET ADDRESS	2721 DUNSINANE RD.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Adela Lubkowitz* ADELA LUBKOWITZ, President 6/25/99 (850) 434-1177

CR2E037 (1/98)