

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N34964

Entity Name: BASIC NWFL, INC.

Current Principal Place of Business:

432 MAGNOLIA AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 805
PANAMA CITY, FL 324020805 US

New Mailing Address:

FEI Number: 59-2994863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINCEY, VALERIE D E.D.
1122 HARMON AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MINKEWICZ, AMY
Address: 2022 SHEPHERD STREET
City-St-Zip: PANAMA CITY, FL 32405 US

Title: DVP () Delete
Name: JONES-GAGLIO, NANCY
Address: 901 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: DT () Delete
Name: HINES, MYRON
Address: 6306 LAKE DRIVE
City-St-Zip: PANAMA CITY, FL 32404

Title: DS () Delete
Name: GRIFFIN, LYNDA
Address: 1410 INDIANA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: E.D. () Delete
Name: MINCEY, VALERIE D
Address: 1122 HARMON AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: LAPENSOHN, CAROLE
Address: 15211 HWY. 77
City-St-Zip: SOUTHPORT, FL 32409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JONES-GAGLIO, NANCY ESQ.
Address: 901 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401 US

Title: DVP (X) Change () Addition
Name: CRAYTON, HULON DR.
Address: 2917 HW. 77
City-St-Zip: PANAMA CITY, FL 32405 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALERIE D. MINCEY

ED

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date