

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34964

FILED  
Jan 09, 2012  
Secretary of State

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  
Name: HINES, MYRON  
Address: 6306 LAKE DRIVE  
City-St-Zip: CALLAWAY, FL 32404 US

Title: DVP  
Name: MONLYN-WALKER, ANNA M.  
Address: P.O. BOX 1916  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: DT  
Name: LAPENSOHN, CAROLE  
Address: 15211 HWY. 77  
City-St-Zip: SOUTHPORT, FL 32409 US

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

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

Title: DOP  
Name: CRAYTON, HULON DR.  
Address: 2917 HWY. 77  
City-St-Zip: PANAMA CITY, FL 32405 US

I hereby 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 all other like empowered.

SIGNATURE: VALERIE D. MINCEY

ED

01/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date