

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90029 031 \*\*\*\*61.25

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<b>DOCUMENT # N95000000452</b> 1. Entity Name <b>NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.</b>					
Principal Place of Business <b>14114 ALABAMA ST JAY, FL 32565</b>			Mailing Address <b>14114 ALABAMA ST JAY, FL 32565</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		4. FEI Number <b>59-3308216</b>			
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FAULKNER, MARK 14114 ALABAMA ST JAY, FL 32565</b>			7. Name and Address of New Registered Agent Name <b>Michael Hutchins</b> Street Address (P.O. Box Number is Not Acceptable) <b>14114 Alabama St</b> City <b>Jay</b> <b>FL</b> Zip Code <b>32565</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Michael Hutchins</i></u> <span style="float: right;">1/20/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SALTER, DON 6865 CAROLINE ST MILTON, FL 32570</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <input type="checkbox"/> Delete <b>SMITH, DAVID 14114 ALABAMA ST JAY, FL 32565</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <input checked="" type="checkbox"/> Delete <b>FAULKNER, MARK 14114 ALABAMA ST KEYSTONE HEIGHTS, FL 32656</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TA</b> <input type="checkbox"/> Delete <b>ROWLAND, THOMAS 4955 SOUTH ALABAMA STREET JAY, FL 32565</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4955 Alabama St</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>CAMPBELL, CLAY 3425 HWY 4 JAY, FL 32565</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Hutchins 14114 Alabama St Jay, FL 32565</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Michael Hutchins</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/21/05</u> <small>Date Daytime Phone #</small>		