

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVE
AND
FILED

06 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000000097 1. Entity Name CONCERNED MEN AND WOMEN OF NORTHWEST PANHANDLE AREA, INC.					
Principal Place of Business 139 TRI-COUNTY ROAD P.O. BOX 571 GRACEVILLE, FL 32440			Mailing Address 139 TRI-COUNTY ROAD P.O. BOX 571 GRACEVILLE, FL 32440		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 22-3901556				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOULTRIE, GEORGE W 139 TRI-COUNTY ROAD GRACEVILLE, FL 32440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	MOULTRIE, GEORGE W		NAME		
STREET ADDRESS	PO BOX 571		STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	FLETCHER, EDWARD DR.		NAME	VP Henning, Gregory A.	
STREET ADDRESS	922 EVERETT ROAD		STREET ADDRESS	609 NEALS LANDING Rd.	
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP	B35COM, FL 32423	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FITZGERALD, CINDY		NAME		
STREET ADDRESS	962-A 8TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MORGAN, ISAIAH REV.		NAME		
STREET ADDRESS	2032 HWY. 73		STREET ADDRESS		
CITY-ST-ZIP	MARIANNA, FL 32448		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	FLOWERS, ARNET		NAME	VP Spires, Willie	
STREET ADDRESS	7979 HWY. 90		STREET ADDRESS	4818 Eboney Court	
CITY-ST-ZIP	SNEADS, FL 32460		CITY-ST-ZIP	MARIANNA, FL 32446	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COOPER, SARAH A		NAME		
STREET ADDRESS	5467 JORDAN STREET		STREET ADDRESS		
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>George W. Moultrie</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-28-06 Date		(850) 638-2551 Daytime Phone #

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