

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 08:00 A
Secretary of State

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
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05182007 No Chg-NP CR2E037 (4/06)

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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

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IN THIS SPACE**

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 <i>George W. Moultrie</i> Signature, typed or printed name of registered agent and title if applicable.	<i>George W. Moultrie</i> (NOTE: Registered Agent signature required when reinstating)
	DATE <i>May 16, 2007</i>

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	MOULTRIE, GEORGE W PO BOX 571 GRACEVILLE, FL 32440
TITLE VP	HERRING, GREGORY 809 NEALS LANDING ROAD BASCOM, FL 32423
TITLE VP	FITZGERALD, CINDY 962-A 8TH AVENUE GRACEVILLE, FL 32440
TITLE VP	MORGAN, ISAIAH REV. 2032 HWY. 73 MARIANNA, FL 32448
TITLE VP	SPIRES, WILLIE 4818 EBONY COURT MARIANNA, FL 32448
TITLE S	COOPER, SARAH A 5467 JORDAN STREET GRACEVILLE, FL 32440

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IN THIS SPACE**

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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	<i>George W. Moultrie</i> Date
	<i>850-638-2531</i> Daytime Phone #