


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000669	
1. Entity Name ABILITIES CENTER OF NORTHWEST FLORIDA, INC.	

Principal Place of Business 5451 OLD BETHEL ROAD CRESTVIEW, FL 32536	Mailing Address 5451 OLD BETHEL ROAD CRESTVIEW, FL 32536
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3156485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CALHOUN, BERNICE 6086 LAKE ELLA ROAD CRESTVIEW, FL 32539
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALHOUN, BERNICE 6086 LAKE ELLA RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD MOORE, DOROTHY 774 E PINE AVE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLONNA, AMANDA 3089 LAKE ELLA RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, DARRELL 118 MILL POND COVE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGAN, ERA L 725 E PINE AVE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000826708
02/21/08-80060-019 61.25

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: *Bernice Calhoun* *Bernice Calhoun* 02-08-08 682-5755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #