

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000669

FILED
Apr 02, 2009
Secretary of State

Entity Name: ABILITIES CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

5451 OLD BETHEL ROAD
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

5451 OLD BETHEL ROAD
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3156485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALHOUN, BERNICE
6086 LAKE ELLA ROAD
CRESTVIEW, FL 32539 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: PD () Delete
Name: CALHOUN, BERNICE
Address: 6086 LAKE ELLA RD
City-St-Zip: CRESTVIEW, FL 32539

Title: SDTD () Delete
Name: MOORE, DOROTHY
Address: 774 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD () Delete
Name: COLONNA, AMANDA
Address: 3089 LAKE ELLA RD
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: WALKER, DARRELL
Address: 118 MILL POND COVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: BURGAN, ERA L
Address: 725 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SDTD (X) Change () Addition
Name: MOORE, DOROTHY
Address: 725 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNICE CALHOUN

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date