

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746934

Entity Name: NORTHWEST FLORIDA AREA AGENCY ON AGING, INC.**Current Principal Place of Business:**5090 COMMERCE PARK CIR
PENSACOLA, FL 32505**Current Mailing Address:**5090 COMMERCE PARK CIR
PENSACOLA, FL 32505 US**FEI Number:** 59-1912803**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCOOL, AMBER P
5090 COMMERCE PARK CIR
PENSACOLA, FL 32505 US*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**Officer/Director Detail :**

| | |
|-----------------|----------------------|
| Title | VP |
| Name | DAVIS, NEIL C |
| Address | 8300 WILDE LAKE ROAD |
| City-State-Zip: | PENSACOLA FL 32526 |

| | |
|-----------------|-----------------|
| Title | PRESIDENT |
| Name | IVEY, MAXINE |
| Address | 5088 MILDRED ST |
| City-State-Zip: | JAY FL 32565 |

| | |
|-----------------|--------------------|
| Title | S |
| Name | CORBIN, LANNIE |
| Address | 208 N PARTIN DR |
| City-State-Zip: | NICEVILLE FL 32578 |

| | |
|-----------------|--------------------------|
| Title | N/A |
| Name | HAWKINS, DAVID R |
| Address | ONE ENERGY PLACE BIN 313 |
| City-State-Zip: | PENSACOLA FL 32522 |

| | |
|-----------------|---------------------------|
| Title | CEO |
| Name | MCCOOL, AMBER P |
| Address | 5090 COMMERCE PARK CIRCLE |
| City-State-Zip: | PENSACOLA FL 32505 |

| | |
|-----------------|--------------------|
| Title | TREASURER |
| Name | WALKER, HUNTER MR. |
| Address | 6495 CAROLINE ST |
| City-State-Zip: | MILTON FL 32570 |

| | |
|-----------------|------------------------|
| Title | N/A |
| Name | BRANTLEY, MELITA MS |
| Address | 5090 COMMERCE PARK CIR |
| City-State-Zip: | PENSACOLA FL 32505 |

| | |
|-----------------|------------------------|
| Title | N/A |
| Name | PEOPLES, DOROTHY |
| Address | 1409 TINA DRIVE |
| City-State-Zip: | NAVARRE BEACH FL 32566 |

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I hereby 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 all other like empowered.

SIGNATURE: AMBER P MCCOOL**EXECUTIVE DIRECTOR****01/07/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------|
| Title | N/A |
| Name | OUBRE', LANA |
| Address | 6642 YELLOW HILL |
| City-State-Zip: | MILTON FL 32583 |