

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752427

Entity Name: REHABILITATION FOUNDATION OF NORTHWEST FLORIDA, INC.

FILED
Jan 12, 2015
Secretary of State
CC2680849031

Current Principal Place of Business:

2929 LANGLEY AVE.
SUITE 202
PENSACOLA, FL 32504

Current Mailing Address:

2929 LANGLEY AVE.
SUITE 202
PENSACOLA, FL 32504

FEI Number: 59-2089355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWMAN, ROBERT D
2929 LANGLEY AV E
SUITE 202
PENSACOLA, FL 32504 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 PAST CHAIRMAN
Name LARRY, DENNIS K
Address P O BOX 13010
City-State-Zip: PENSACOLA FL 32591

Title CHAIRMAN
Name GUNTER, THOMAS A
Address 2510 YATES AVE
City-State-Zip: PENSACOLA FL 32503

Title TREASURER
Name GROSS, JOHN
Address 125 WEST ROMANA STREET
SUITE 224
City-State-Zip: PENSACOLA FL 32502

Title SECRETARY
Name BELL, BRIAN
Address 33 WEST GARDEN ST
City-State-Zip: PENSACOLA FL 32502

Title D
Name BOWMAN, ROBERT
Address 305 BERRYHILL ROAD
City-State-Zip: MILTON FL 32570

Title VC
Name NICHOLS, COLIE
Address 2025 EVENTIDE ROAD
City-State-Zip: MILTON FL 32583

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: ROBERT D BOWMAN

DIRECTOR

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date