

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008003

Entity Name: NORTHWEST FLORIDA ASSOCIATION FOR THE EDUCATION
OF YOUNG CHILDREN CORP.**FILED**
Mar 28, 2016
Secretary of State
CC4150730835**Current Principal Place of Business:**3026 W MAIN STREET
TAMPA, FL 33607**Current Mailing Address:**75 FAIRPOINT DRIVE
GINGER HARRISON
GULF BREEZE, FL 32561 US**FEI Number: 80-0230026****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GELLENS, SUZANNE
3026 W MAIN STREET
TAMPA, FL 33607 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	SECRETARY, RENEE COBB
Name	COBB, RENEE
Address	755 FAIRPOINT DR
City-State-Zip:	GULF BREEZE FL 32561

Title	TREASURER, JEANINE MOORE
Name	MOORE, JEANINE
Address	8350 NORTH DAVIS HIGHWAY
City-State-Zip:	PENSACOLA FL 32514

Title	VP
Name	BOSSO, STEPHANIE
Address	160 GOVERNMENT STREET
City-State-Zip:	PENSACOLA FL 32502

Title	PP
Name	JONES, CRAIG
Address	827 FLEMING COURT
City-State-Zip:	PENSACOLA FL 32514

Title	OFFICER, MELISSA STUCKEY
Name	STUCKEY, MELISSA
Address	6555 CAROLINE STREET
City-State-Zip:	MILTON FL 32570

Title	PRESIDENT
Name	HARRISON, GINGER
Address	CHILDREN'S PLACE PRESCHOOL 75 FAIRPOINT DRIVE
City-State-Zip:	GULF BREEZE FL 32561

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: GINGER HARRISON**PRESIDENT****03/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date