

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008003

**Entity Name:** NORTHWEST FLORIDA ASSOCIATION FOR THE EDUCATION  
OF YOUNG CHILDREN CORP.**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC3974907719****Current Principal Place of Business:**3026 W MAIN STREET  
TAMPA, FL 33607**Current Mailing Address:**3400 BAYOU BOULEVARD  
ATTN: ANNA KAY SHIRAH  
PENSACOLA, FL 32503**FEI Number: 80-0230026****Certificate of Status Desired: Yes****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	P
Name	SHIRAH, ANNA KAY
Address	3400 BAYOU BOULEVARD
City-State-Zip:	PENSACOLA FL 32503

Title	S
Name	COBB, RENEE
Address	755 FAIRPOINT DR
City-State-Zip:	GULF BREEZE FL 32561

Title	T
Name	POWERS, DIANNE
Address	2024 CORAL CREEK DRIVE
City-State-Zip:	PENSACOLA FL 32507

Title	VP
Name	ROGER, THOMPSON
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	M
Name	BOSSO, STEPHANIE
Address	3940 DUNWOODY DRIVE
City-State-Zip:	PENSACOLA FL 32503

*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: ANNA KAY SHIRAH****PRESIDENT****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date