

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007169

**Entity Name:** FORWARD DEFUNIAK, INCORPORATED**Current Principal Place of Business:**152 LECONTE ST.  
DEFUNIAK SPRINGS, FL 32435**Current Mailing Address:**152 LECONTE ST.  
DEFUNIAK SPRINGS, FL 32435 US**FEI Number: 35-2599714****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCKNIGHT, ROBERT  
152 LECONTE ST.  
DEFUNIAK SPRINGS, FL 32435 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	D/P
Name	MCKNIGHT, ROBERT
Address	152 LECONTE ST.
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	D/VP
Name	MORRISON, BRUCE
Address	620 CIRCLE DR.
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	D/S
Name	LEE, GENEVA
Address	870 HWY. 331 NORTH
City-State-Zip:	DEFUNIAK SPRINGS FL 32433

Title	D
Name	JOHNSON, DORIS
Address	P.O. BOX 652
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

Title	MR
Name	EVANS, JAY NA NA
Address	770 BALDWIN AVENUE
City-State-Zip:	DEFUNIAK SPRINGS FL 32435

*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 MCKNIGHT****PRESIDENT****03/01/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date