

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34964

**Entity Name:** BASIC NWFL, INC.

**Current Principal Place of Business:**

432 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

P. O. BOX 805  
PANAMA CITY, FL 32402-0805 US

**FEI Number:** 59-2994863

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MINCEY, VALERIE D CEO  
432 MAGNOLIA AVE.  
PANAMA CITY, FL 32401 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:** VALERIE D. MINCEY

01/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P/S/T  
Name MINCEY, VALERIE  
Address 432 MAGNOLIA AVE.  
City-State-Zip: PANAMA CITY FL 32401

Title IMMEDIATE PAST CHAIRMAN  
Name CHARLES, CHRIS  
Address P. O. BOX 805  
City-State-Zip: PANAMA CITY FL 32402-0805

Title SECRETARY  
Name GAGLIO, NANCY  
Address P. O. BOX 805  
City-State-Zip: PANAMA CITY FL 32402-0805

Title TREASURER  
Name HINES, MYRON K  
Address P. O. BOX 805  
City-State-Zip: PANAMA CITY FL 32402-0805

Title VICE CHAIR  
Name HOOKS, DARRYL  
Address P. O. BOX 805  
City-State-Zip: PANAMA CITY FL 32402-0805

Title CHAIR  
Name TAPSCOTT, LISA  
Address P. O. BOX 805  
City-State-Zip: PANAMA CITY FL 32402-0805

*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:** VALERIE MINCEY

**PRESIDENT/CEO**

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date