

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004106

Entity Name: THE WESLEY FOUNDATION OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**5725 N. 9TH AVENUE
PENSACOLA, FL 32504**Current Mailing Address:**5725 NORTH 9TH AVE
C/O STUART WORTH
PENSACOLA, FL 32504**FEI Number:** 59-2991537**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COLON, WILHELMINA T
5725 NORTH 9TH AVE
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:** WILHELMINA COLON

03/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TIMBERLAKE, CANDY MRS
Address	11621 CLEAR CREEK DR
City-State-Zip:	PENSACOLA FL 32514

Title	D
Name	LENTZ, GEOFFREY MR
Address	6 EAST WRIGHT
City-State-Zip:	PENSACOLA FL 32504

Title	D
Name	MCBRIDE, PATRICK MR
Address	1030 N 57TH AVE
City-State-Zip:	PENSACOLA FL 32506

Title	TREASURER
Name	COLON, WILHELMINA T
Address	5725 NORTH 9TH AVE
City-State-Zip:	PENSACOLA FL 32504

Title	S
Name	CAPE, EMILY MS
Address	6 EAST WRIGHT ST.
City-State-Zip:	PENSACOLA FL 32504

Title	D
Name	WORTH, STUART REV
Address	5725 N 9TH AVE
City-State-Zip:	PENSACOLA FL 32504

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: WILHELMINA COLON**TREASURER**

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date