

2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000046229

Entity Name: CHB OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**4400 BAYOU BLVD., STE. 46
PENSACOLA, FL 32503**Current Mailing Address:**4400 BAYOU BLVD STE 46
PENSACOLA, FL 32503**FEI Number: 59-3645712****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOORHEAD, STEPHEN R
127 PALAFOX PLACE
SUITE 500, 2ND FLOOR
PENSACOLA, FL 32502 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	VP
Name	ROGERS, MILTON C
Address	8680 SCENIC HWY 19
City-State-Zip:	PENSACOLA FL 32514

Title	P
Name	PORTER, MARK E
Address	230 LESTARBOARD DRIVE
City-State-Zip:	GULF BREEZE FL 32561

Title	VP
Name	WILLIAMS, MONTE
Address	2329 N. 14TH AVENUE
City-State-Zip:	PENSACOLA FL 32514

Title	VP.
Name	CINICOLA, DANIELA
Address	3588 WIMBLEDON DR.
City-State-Zip:	PENSACOLA FL 32502

Title	VP.
Name	GODFREY, JEFF
Address	4771 BAYOU BLVD #322
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MILTON C ROGERS**PRESIDENT****06/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date