#### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000123614

Entity Name: INNOVATIVE CHARITIES OF NORTHWEST FLORIDA, LLC

FILED
Apr 24, 2013
Secretary of State
CC8949471197

### **Current Principal Place of Business:**

3759 THOMPSON ROAD MARIANNA. FL 32448-7615

### **Current Mailing Address:**

3759 THOMPSON ROAD MARIANNA, FL 32448-7615

FEI Number: 61-1667767 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

GILBERT, LINDA J 3759 THOMPSON ROAD MARIANNA, FL 32448-7615 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

# Authorized Person(s) Detail:

Title MGR Title MGRM

Name GILBERT, LINDA J Name WARD, GARY J

Address 3759 THOMPSON ROAD Address 2951 MONEYHAM ROAD

City-State-Zip: MARIANNA FL 32448-7615 City-State-Zip: MARIANNA FL 32448-4922

Title MGRM Title MGRM

Name WARD, SANDRA S Name GREGG, LORI

Address 2951 MONEYHAM ROAD Address 1952 HIGHWAY 71

City-State-Zip: MARIANNA FL 32448-4922 City-State-Zip: MARIANNA FL 32448-5354

Title MGRM Title MGRM

Name VITALE, RICHARD E Name ARNOLD, ELLEN J

Address 25761 NO COUNTY ROAD 167 Address 3759 THOMPSON ROAD

City-State-Zip: FOUNTAIN FL 32438 City-State-Zip: MARIANNA FL 32448-7615

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA J GILBERT MGR 04/24/2013