

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123614

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC8949471197**

**Entity Name:** INNOVATIVE CHARITIES OF NORTHWEST FLORIDA, LLC

**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  
Name GILBERT, LINDA J  
Address 3759 THOMPSON ROAD  
City-State-Zip: MARIANNA FL 32448-7615

Title MGRM  
Name WARD, GARY J  
Address 2951 MONEYHAM ROAD  
City-State-Zip: MARIANNA FL 32448-4922

Title MGRM  
Name WARD, SANDRA S  
Address 2951 MONEYHAM ROAD  
City-State-Zip: MARIANNA FL 32448-4922

Title MGRM  
Name GREGG, LORI  
Address 1952 HIGHWAY 71  
City-State-Zip: MARIANNA FL 32448-5354

Title MGRM  
Name VITALE, RICHARD E  
Address 25761 NO COUNTY ROAD 167  
City-State-Zip: FOUNTAIN FL 32438

Title MGRM  
Name ARNOLD, ELLEN J  
Address 3759 THOMPSON ROAD  
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**

Electronic Signature of Signing Authorized Person(s) Detail

Date