

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715900**

1. Entity Name

THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.**FILED****Feb 10, 2002 8:00 am
Secretary of State**

02-10-2002 90056 038 ****61.25

Principal Place of Business

Mailing Address

226 S. PALAFOX
2ND FLOOR
PENSACOLA FL 32501
USP.O. BOX 731
PENSACOLA FL 32594
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7022185

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITT, ANDREW
226 S PALAFOX ST #209
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

204 (four)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME STEVES, WENDY M
STREET ADDRESS 19 W GARDEN ST
CITY-ST-ZIP PENSACOLA FL 32501TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DVP ☐ Delete
NAME BEAR, DAVID
STREET ADDRESS 1850 W HALLEY AVE
CITY-ST-ZIP PENSACOLA FL 32503TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME SHACKLEY, SUZANNE
STREET ADDRESS 375 MUSCOGEE RD
CITY-ST-ZIP CANTONMENT FL 32533TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE M ☐ Delete
NAME WITT, ANDREW
STREET ADDRESS 1407 LEMHURST DR
CITY-ST-ZIP PENSACOLA FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T ☐ Delete
NAME WILLIAMS, WAYNE
STREET ADDRESS 947 GANDOLIER BLVD
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Witt

Date

850-432-8806

Daytime Phone #

CR2E037 (9/01)