

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90010 008 ****61.25

DOCUMENT # 715900

1. Entity Name
THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**3 W GARDEN ST
 SUITE 335
 PENSACOLA, FL 32502 US**

Mailing Address
**3 W GARDEN ST
 SUITE 335
 PENSACOLA, FL 32502 US**

40109103



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

06202008 Chg-NP CR2E037 (12/06)

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

**SPIEGEL & UTRERA, P.A.
 1840 CORAL WAY, 4TH FLR
 SUITE 335
 PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name
Catherine Guin

Street Address (P.O. Box Number is Not Acceptable)
3 West Garden Street, Ste 335

City
Pensacola FL Zip Code
32502

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Catherine Guin* **6/20/08**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHONTZ, MARY	
STREET ADDRESS	98 E. GARDEN STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, JEROLD	
STREET ADDRESS	343 GAMARRA RD	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROSBY, CONNIE	
STREET ADDRESS	307 W CHASE ST	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACKSON, DINA	
STREET ADDRESS	631 WEST AVERY STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, KEITH	
STREET ADDRESS	17 E MAIN STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	BERG, PAUL	
STREET ADDRESS	1104 BURNHILL CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32526	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobby Behr	
STREET ADDRESS	3501 Connell Drive	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan Benton	
STREET ADDRESS	616 W. Chase Drive	
CITY-ST-ZIP	Pensacola, FL 32502	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Guin	
STREET ADDRESS	9009 University Parkway, #222	
CITY-ST-ZIP	Pensacola, FL 32514	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Catherine Guin* **6/20/08** **850.432.9906**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #