

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90138 010 ****61.25

DOCUMENT # 715900

1. Entity Name

THE ARTS COUNCIL OF NORTHWEST FLORIDA, INC.



Principal Place of Business

~~226 S. PALAFOX~~
~~2ND FLOOR~~
PENSACOLA FL 32501
US

Mailing Address

P.O. BOX 731
PENSACOLA FL 32594
US

60002433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17 S Palafox Ste 335

Suite, Apt. #, etc.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITT, ANDREW

~~226 S PALAFOX ST~~
~~#204~~
PENSACOLA FL 32501

Name

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

17 S. Palafox Ste 335

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEVES, WENDY M	
STREET ADDRESS	19 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BEAR, DAVID	
STREET ADDRESS	1850 W HALLEY AVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHACKLEY, SUZANNE	
STREET ADDRESS	375 MUSCOGEE RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	M	<input type="checkbox"/> Delete
NAME	WITT, ANDREW	
STREET ADDRESS	1407 LEMHURST DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WAYNE	
STREET ADDRESS	947 GANDOLIER BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Jan i	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leann Walker	
STREET ADDRESS	226 S Palafox St, Ste 335	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Peterson	
STREET ADDRESS	10 Thistau way	
CITY-ST-ZIP	Pensacola Beach, FL 32561	

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]

1/6/03

850-432-9506

CR2E037 (10/02)