FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED
AND
FILED

95 MAY -1 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400000141317Ø4
-05/03/95--01143--001
******5.00 ******5.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
NORTHWEST FLORIDA IMPROVEMENT ASSOCIATION OF PEN SACOLA AND ESCAMBIA COUNTY, FLORIDA , INC.

DOCUMENT #
720500 (8)

Mailing Address
802 EAST BRAINERD STREET
PENSACOLA FL 32503

Principal Place of Business
802 EAST BRAINERD STREET
PENSACOLA FL 32503

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/16/1971
3a. Date of Last Report: 03/11/1993

4. FEI Number: 59-3081259
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired $8.75 ☒

6. Election Campaign Financing Trust Fund Contribution ☒
$5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☒

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAITE,CHARLIE L
802 E. BRAINERD ST.
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	400000141317Ø4
12 NAME	TAITE, CHARLIE L	12 NAME	05/09/95--01143--002
13 STREET ADDRESS	802 E. BRAINERD ST.	13 STREET ADDRESS	******61.25 ******61.25
14 CITY ST ZIP	PENSACOLA, FL 32503	14 CITY ST ZIP	
21 TITLE	V/D	21 TITLE	
22 NAME	TAITE, SAMMIE M.	22 NAME	
23 STREET ADDRESS	802 E. BRAINERD ST	23 STREET ADDRESS	
24 CITY ST ZIP	PENSACOLA, FL 32503	24 CITY ST ZIP	
31 TITLE	S/D	31 TITLE	
32 NAME	WATTS, JOYCE M	32 NAME	
33 STREET ADDRESS	1321 EAST SCOTT ST	33 STREET ADDRESS	
34 CITY ST ZIP	PENSACOLA, FL 32503	34 CITY ST ZIP	
41 TITLE	T/D	41 TITLE	
42 NAME	WILLIAMS, MARY ANN	42 NAME	
43 STREET ADDRESS	399-A HANDCOCK LANE	43 STREET ADDRESS	
44 CITY ST ZIP	PENSACOLA, FL 32504	44 CITY ST ZIP	
51 TITLE	C/B/D	51 TITLE	
52 NAME	KNIGHT, JOE L.	52 NAME	
53 STREET ADDRESS	3418 WEST FISHER ST	53 STREET ADDRESS	
54 CITY ST ZIP	PENSACOLA, FL 32504	54 CITY ST ZIP	
61 TITLE	D/O/M	61 TITLE	$87.51
62 NAME	GANDY, SAMUEL L.	62 NAME	
63 STREET ADDRESS	723 EAST BOBE ST	63 STREET ADDRESS	
64 CITY ST ZIP	PENSACOLA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlie Lewis Taite - Charlie Lewis Taite P/D May 1-1995 (904) 432-4011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charlie Lewis Taite, May 1-1995-(President)