

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720500 (8)

1. Corporation Name

**NORTHWEST FLORIDA IMPROVEMENT ASSOCIATION OF PEN
SACOLA AND ESCAMBIA COUNTY, FLORIDA, INC.**



Principal Place of Business

Mailing Address

**802 EAST BRAINERD STREET
PENSACOLA FL 32503**

**802 EAST BRAINERD STREET
PENSACOLA FL 32503**

3. Date Incorporated or Qualified
03/16/1971

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

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

12 NAME
13 STREET ADDRESS

TITLE ☐ DELETE

14 CITY - ST - ZIP ☐ Change ☐ Addition

NAME
**VD
TAITE, SAMMIE M.
802 E. BRAINERD ST
PENSACOLA, FL 32503**

21 TITLE
22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY - ST - ZIP ☐ Change ☐ Addition

NAME
**SD
WATTS, JOYCE M
1321 EAST SCOTT ST
PENSACOLA, FL 32503**

31 TITLE
32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY - ST - ZIP ☐ Change ☐ Addition

NAME
**TD
WILLIAMS, MARY ANN
399-A HANDCOCK LANE
PENSACOLA, FL 32504**

41 TITLE
42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY - ST - ZIP ☐ Change ☐ Addition

NAME
**CBD
KNIGHT, JOE L.
3418 WEST FISHER ST
PENSACOLA, FL 32504**

51 TITLE
52 NAME
53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY - ST - ZIP ☐ Change ☐ Addition

NAME
**DOM
GANDY, SAMUEL L.
723 EAST BOBE ST
PENSACOLA FL**

61 TITLE
62 NAME
63 STREET ADDRESS

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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlie L. Taite

Date

Daytime Phone

CR2E037 (12/95)