

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720500 (8)
1. Corporation Name
**Northwest Florida Improvement Association
of Pensacola And Escambia County, Florida, Inc.**

Principal Place of Business 802 East Brainerd street Pensacola FL 32503	Mailing Address 802 East Brainerd street Pensacola, FLA 32503
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/16/1971	Applied For
4. FEI Number 59-3081259	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Tate, 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P/O Tate, Charlie L
STREET ADDRESS	802 E. Brainerd St.
CITY-ST-ZIP	Pensacola, FL 32503
TITLE	<input type="checkbox"/> DELETE
NAME	V/O Tate, Summie M.
STREET ADDRESS	802 E. Brainerd St.
CITY-ST-ZIP	Pensacola, FL 32503
TITLE	<input type="checkbox"/> DELETE
NAME	S/O T. BBS, Tommy E.
STREET ADDRESS	2704 Franks Ct
CITY-ST-ZIP	Pensacola, FL 32506
TITLE	<input type="checkbox"/> DELETE
NAME	T/O Williams, Mary Ann
STREET ADDRESS	399-A Hancock Lane
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	<input type="checkbox"/> DELETE
NAME	C/O Knight, Joe L.
STREET ADDRESS	3418 West Fisher St
CITY-ST-ZIP	Pensacola, FL 32501
TITLE	<input type="checkbox"/> DELETE
NAME	O/O Gandy, Samuel I.
STREET ADDRESS	723 East Robe St
CITY-ST-ZIP	Pensacola FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Charlie L. Tate** 8/11/98 82-4041

CR2E037 (10/97)