

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90104 031 ****61.25
04-26-1999 90104 032 *****5.00
04-26-1999 90104 033 *****8.75

DOCUMENT # 720500

1. Corporation Name

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

Principal Place of Business
802 EAST BRAINERD STREET
PENSACOLA FL 32503

Mailing Address
802 EAST BRAINERD STREET
PENSACOLA FL 32503



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/16/1971

4. FEI Number

59-3081259

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

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 (Not Applicable)

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TAITE, CHARLIE L.
STREET ADDRESS 802 E. BRAINERD ST.
CITY-STATE-ZIP PENSACOLA, FL 32503 32503 ☐ DELETE

TITLE VD
NAME TAITE, SAMMIE M.
STREET ADDRESS 802 E. BRAINERD ST
CITY-STATE-ZIP PENSACOLA, FL 32503 32503 ☐ DELETE

TITLE SD
NAME TIBBS, TOMMY E
STREET ADDRESS 2704 FRANKS COURT
CITY-STATE-ZIP PENSACOLA FL 32526 ☐ DELETE

TITLE TD
NAME WILLIAMS, MARY ANN
STREET ADDRESS 399-A HANDCOCK LANE
CITY-STATE-ZIP PENSACOLA, FL 32504 32504 ☐ DELETE

TITLE CBD
NAME KNIGHT, JOE L.
STREET ADDRESS 3418 WEST FISHER ST
CITY-STATE-ZIP PENSACOLA, FL 32504 32504 ☐ DELETE

TITLE DOM
NAME GANDY, SAMUEL L.
STREET ADDRESS 723 EAST BOBE ST
CITY-STATE-ZIP PENSACOLA FL ☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99 432-4041

CR2E037 (11/98)