2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# 726365

Entity Name: NEW HORIZONS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

10050 HILLVIEW DRIVE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

10050 HILLVIEW DRIVE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-0578643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONGORA, GENE A
10050 HILLVIEW DRIVE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GIBBS, RICHARD MR.	
Address:	7945 BEULAH ROAD	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	PD	( ) Delete
Name:	EDDINS, DANNY M MR.	
Address:	PO BOX 10330	
City-St-Zip:	PENSACOLA, FL 32524	
Title:	TD	( ) Delete
Name:	NELSON, CHARLES E MR.	
Address:	280 MAN O' WAR CIRCLE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	SD	( ) Delete
Name:	BAILEY, GERRIE MRS.	
Address:	JAMESTOWN APTS 3331 SUMMIT BLVD 154	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D	( ) Delete
Name:	MOULTON, BOB MR.	
Address:	380 LURTON STREET	
City-St-Zip:	PENSACOLA, FL 32505	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD GIBBS PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date