## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 732345** 

FILED Jul 06, 2009 Secretary of State

Entity Name: AIR CONDITIONING CONTRACTORS ASSOCIATION OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8297 HICKORY HAMMOCK RD MILTON, FL 32583

**Current Mailing Address: New Mailing Address:** 

8297 HICKORY HAMMOCK RD MILTON, FL 32583

FEI Number: 59-1602785 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINGATE, JONATHON WINGATE, JONATHAN 8297 HICKORY HAMMOCK RD 8297 HICKORY HAMMOCK RD MILTON, FL 32583 MILTON, FL 32583

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: JONATHAN WINGATE 07/06/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete COLTON, JIMMY DEVALCOURT, ROGER Name: Name: 5888 SAUFLEY PINES RD Address: 5555 BAUER RD Address:

City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32507

Title: Title: (X) Change ( ) Addition ( ) Delete OLIVER, GREG Name: JONES, DOUG Name:

Address: 14 WEST GADSDEN ST Address: 6745 COMMUNITY DR City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32526

Title: () Delete Title: (X) Change ( ) Addition DEUALCOURT, ROGER OBLINGER, RON Name: Name:

5555 BAUER RD Address: Address: 3900 NORTH W ST City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32505

Title: VΡ ( ) Delete Title: (X) Change ( ) Addition Name: OBLINGER, RON Name: WINGATE, JONATHAN

8297 HICKORY HAMMOCK Address: 3900 NORTH W STREET Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: MILTON, FL 32583

Title: () Delete Title: () Change () Addition

WINGATE, JONATHAN Name: Name: 8297 HICKORY HAMMOCK RD Address: Address: City-St-Zip: MILTON, FL 32583 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

WINGATE, JONATHAN Name: Name: Address: 8297 HICKORY HOMMOCK RD. Address: MILTON, FL 32583 City-St-Zip: 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: JONATHAN WINGATE S/T 07/06/2009

Electronic Signature of Signing Officer or Director

Date