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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 733060 (8)
1. Corporation Name
THE VOLUNTEER CENTER OF NORTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address

% JUDITH W MERRITT
15 W STRONG ST STE 10-C
PENSACOLA FL 32501-3164
US

% JUDITH W MERRITT
15 W STRONG ST STE 10-C
PENSACOLA FL 32501-3168
US

3. Date Incorporated or Qualified 06/13/1975
3a. Date of Last Report 02/22/1996

2. Principal Place of Business 2a. Mailing Address

21 % Richard C. Vititoe 26 % Richard C. Vititoe

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 15 W. Strong, Ste 32-B 27 15 W. Strong, Ste 32-B

City & State City & State

23 Pensacola, Florida 28 Pensacola, Florida

Zip Country Zip Country

24 32501-3164 25 USA 29 32501-3164 30 USA

4. FEI Number 59-0198495 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MERRITT, JUDITH W.
15 WEST STRONG STREET
10-C
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name Richard C. Vititoe

82 Street Address (P.O. Box Number is Not Acceptable)
15 West Strong Street,

83 Suite 32-B

84 City Pensacola FL 85 Zip Code 32501-3164

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 *Richard C. Vititoe* Richard C. Vititoe, Executive Director 3/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESMITH, LORI	1.2 NAME	Iowana Whitman-Tims
STREET ADDRESS	117 W GARDEN ST	1.3 STREET ADDRESS	1000 College Blvd.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, Florida 32504
TITLE	VD	2.1 TITLE	Vice-President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JANE	2.2 NAME	C. Leann Stennett
STREET ADDRESS	190 RADFORD BLVD	2.3 STREET ADDRESS	6030 Hermitage Drive
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola, Florida 32504
TITLE	TD	3.1 TITLE	Treasurer - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNKLIN, SUZANNE H	3.2 NAME	Gregg Hall
STREET ADDRESS	70 NORTH BAYLEN ST	3.3 STREET ADDRESS	34 West Government Street
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, Florida 32501
TITLE	SD	4.1 TITLE	Secretary - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN-TIMS, IOWANA	4.2 NAME	Pat Strickland
STREET ADDRESS	1000 COLLEGE BLVD	4.3 STREET ADDRESS	235 East Nine Mile Road, Ste# 2
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, Florida 32534
TITLE		5.1 TITLE	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Richard C. Vititoe
STREET ADDRESS		5.3 STREET ADDRESS	15 West Stong Street, Suite 32-B
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pensacola, Florida 32501-3164
TITLE		6.1 TITLE	500002113895 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/14/97--01005--019
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Richard C. Vititoe* **RECEIVED** January 25, 97 (904) 438-5649
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0072430

CF2E037 (9/96)