

**2005 NOT-FOR-PROFIT CORPORATION
- ANNUAL REPORT**

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 735769

1. Entity Name
NORTHWEST FLORIDA VISIONNAIRES, INC.



Principal Place of Business
**538 BOB SIKES BLVD
FORT WALTON BEACH, FL 32548 US**

Mailing Address
**6097 BLUEBERRY LANE
CRESTVIEW, FL 32536 US**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0201777

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATHIESEN, FLORENCE
6097 BLUEBERRY LANE
CRESTVIEW, FL 32536**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TONER, KAY
STREET ADDRESS	1288 N BAYSHORE DR
CITY-ST-ZIP	VALPARAISO, FL
TITLE	D
NAME	HANE, WILMA
STREET ADDRESS	POST OFFICE BOX 444 N/A
CITY-ST-ZIP	SHALIMAR, FL
TITLE	CD
NAME	MATHIESEN, FLORENCE
STREET ADDRESS	6097 BLUEBERRY LANE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	D
NAME	ABBOTT, CATHY
STREET ADDRESS	231 YACHT CLUB DRIVE
CITY-ST-ZIP	FT. WALTON BCH, FL
TITLE	TD
NAME	BAINES, JACQUE
STREET ADDRESS	101 COUNTRY CLUB ROAD
CITY-ST-ZIP	SHALIMAR, FL
TITLE	VP
NAME	MONTGOMERY, BARBARA
STREET ADDRESS	742 RANDALL ROBERTS RD
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

U00000191405
01/24/05-80171-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Florence Mathiesen **FLORENCE MATHIESEN** Jan 17, 2005 850-682-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #