




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90038 038 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">60010387</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 01252006 Chg-NP CR2E037 (11/05) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 51-0201777		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 24px; font-weight: bold;">60010387</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 01252006 Chg-NP CR2E037 (11/05) </div>	
6. Name and Address of Current Registered Agent MATHIESEN, FLORENCE 6097 BLUEBERRY LANE CRESTVIEW, FL 32536					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TONER, KAY 1288 N BAYSHORE DR VALPARAISO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dan Starnick 20 NW Cinderella Lane Ft. Walton Beach, FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANE, WILMA POST OFFICE BOX 444 N/A SHALIMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MATHIESEN, FLORENCE 6097 BLUEBERRY LANE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, CATHY 231 YACHT CLUB DRIVE FT. WALTON BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAINES, JACQUE 101 COUNTRY CLUB ROAD SHALIMAR, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTGOMERY, BARBARA 742 RANDALL ROBERTS RD FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kay Toner 1288 N. Bayshore Dr. Valparaiso, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Florence Mathiesen</u> FLORENCE MATHIESEN <u>1/29/06</u> <u>(850) 682-7750</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					