



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 735769 1. Entity Name NORTHWEST FLORIDA VISIONNAIRES, INC.	
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Principal Place of Business 538 BOB SIKES BLVD FORT WALTON BEACH, FL 32548 US	Mailing Address 6097 BLUEBERRY LANE CRESTVIEW, FL 32536 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FBI Number 51-0201777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when renouncing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	STARNICK, DAN 20 NW CINDERELLA LANE FORT WALTON BEACH, FL 32547
TITLE D	HANE, WILMA POST OFFICE BOX 444 N/A SHALIMAR, FL
TITLE CD	MATHIESEN, FLORENCE 6097 BLUEBERRY LANE CRESTVIEW, FL 32536
TITLE D	ABBOTT, CATHY 231 YACHT CLUB DRIVE FT. WALTON BCH, FL
TITLE TD	BAINES, JACQUE 101 COUNTRY CLUB ROAD SHALIMAR, FL
TITLE VP	TONER, KAY 1288 N BAYSHORE DR VALPARAISO, FL

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01/26/07-80081-007 61.25

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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: Florence Mathiesen January 22, 2007 (850) 682-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #