


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 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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01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0201777	Applied For 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

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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 _____

Filing Fee is \$81.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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 02/05/08-80086-004 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* FLORENCE MATHIESEN 1/26/08 (850) 682-7750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #