2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 735769

Entity Name: NORTHWEST FLORIDA VISIONNAIRES, INC.

Current Principal Place of Business:

538 BOB SIKES BLVD
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

6097 BLUEBERRY LANE
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 51-0201777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIESEN, FLORENCE
6097 BLUEBERRY LANE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HANE, WILMA,	
Address:	POST OFFICE BOX 444 N/A	
City-St-Zip:	SHALIMAR, FL 32579	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ABBOTT, CATHY,	
Address:	231 YACHT CLUB DRIVE	
City-St-Zip:	FT. WALTON BCH, FL 32579	
Title:	TD	(X) Change ( ) Addition
Name:	BAINES, JACQUE,	
Address:	101 COUNTRY CLUB ROAD	
City-St-Zip:	SHALIMAR, FL 32579	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE J. MATHIESEN CD 01/08/2009

Electronic Signature of Signing Officer or Director — Date