

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735769

FILED
Jan 11, 2010
Secretary of State

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
Name: STARNICK, DAN
Address: 20 NW CINDERELLA LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D
Name: HANE, WILMA
Address: POST OFFICE BOX 444 N/A
City-St-Zip: SHALIMAR, FL 32579

Title: CD
Name: MATHIESEN, FLORENCE
Address: 6097 BLUEBERRY LANE
City-St-Zip: CRESTVIEW, FL 32536

Title: D
Name: ABBOTT, CATHY
Address: 231 YACHT CLUB DRIVE
City-St-Zip: FT. WALTON BCH, FL 32579

Title: TD
Name: BAINES, JACQUE
Address: 101 COUNTRY CLUB ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: VP
Name: TONER, KAY
Address: 1288 N BAYSHORE DR
City-St-Zip: VALPARAISO, FL

I hereby 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 all other like empowered.

SIGNATURE: FLORENCE MATHIESEN

C/D

01/11/2010

Electronic Signature of Signing Officer or Director

Date