

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90167 017 ****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**

10015334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0201777**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TONER, KAY	
STREET ADDRESS	1288 N BAYSHORE DR	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANE, WILMA	
STREET ADDRESS	POST OFFICE BOX 444 N/A	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MATHIESEN, FLORENCE	
STREET ADDRESS	6097 BLUEBERRY LANE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, CATHY	
STREET ADDRESS	231 YACHT CLUB DRIVE	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAINES, JACQUE	
STREET ADDRESS	101 COUNTRY CLUB ROAD	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, BARBARA	
STREET ADDRESS	1837 HEART LAND DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	MONTGOMERY, BARBARA	
CITY-ST-ZIP	742 RANDALL Roberts RD.	
	FORT WALTON BEACH, FL. 32547	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. MATHIESEN** Jan. 27, 2003 **682-7750** (850)

CR2E037 (10/02)