


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90291 022 ****61.25

DOCUMENT # 740147
1. Entity Name
NORTHWEST FLORIDA ENVIRONMENTAL
ENHANCEMENT FOUNDATION, INC.



Principal Place of Business Mailing Address
711 W GARDEN STREET 6 NORTH COYLE STREET
PENSACOLA, FL 32502 PENSACOLA, FL 32502

50050779



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1768739 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COE, JOHN M
~~6 N COYLE ST~~ 6 N. Coyle St.
PENSACOLA, FL 32502

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

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 GODWIN, TOM S 4401 SOUNSIDE DRIVE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOWE JACK 4461 SOUNSIDE DR. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COE, JOHN M III 3210 WILDE LAKE BLVD. PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDREWS EVELYN 4429 SOUNSIDE DR. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNER SHAWN 3385 GREENBRIAN CIRCLE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GODWIN RICHARD 4401 SOUNSIDE DR. GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #