

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740147

FILED
Apr 24, 2006
Secretary of State

Entity Name: NORTHWEST FLORIDA ENVIRONMENTAL ENHANCEMENT FOUNDATION, INC.

Current Principal Place of Business:

711 W GARDEN STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

6 NORTH COYLE STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 59-1768739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COE, JOHN M
6 NORTH COYLE STREET
PENSACOLA, FL 32502 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: GODWIN, TOM S
Address: 4401 SOUNSIDE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: LOWE JACK,
Address: 4461 SOUNSIDE DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: TS () Delete
Name: COE, JOHN M III
Address: 3210 WILDE LAKE BLVD.
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: ANDREWS EVELYN,
Address: 4429 SOUNSIDE DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: CONNER SHAWN,
Address: 3385 GREENBRIAN CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

Title: T () Delete
Name: GODWIN RICHARD,
Address: 4401 SOUNSIDE DR.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM S GODWIN

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date