

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 740147	
1. Entity Name NORTHWEST FLORIDA ENVIRONMENTAL ENHANCEMENT FOUNDATION, INC.	
Principal Place of Business 711 W GARDEN STREET PENSACOLA, FL 32502	Mailing Address 6 NORTH COYLE STREET PENSACOLA, FL 32502



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1768739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COE, JOHN M 6 NORTH COYLE STREET 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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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**

000000752443
05/21/07-80017-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Tom S. Godwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07
Date

Daytime Phone #