


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90223 049 \*\*\*\*61.25

<b>DOCUMENT # 740147</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1768739	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COE, JOHN M 6 NORTH COYLE STREET PENSACOLA, FL 32502			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, TOM S		NAME		
STREET ADDRESS	4401 SOUNSID DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWE JACK		NAME	JAMES W. GODWIN	
STREET ADDRESS	4461 SOUNSID DR.		STREET ADDRESS	106 W. DESOTO ST	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COE, JOHN M III		NAME		
STREET ADDRESS	3210 WILDE LAKE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS EVELYN		NAME		
STREET ADDRESS	4429 SOUNSID DR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER SHAWN		NAME	JOHN CASHO	
STREET ADDRESS	3385 GREENBRIAN CIRCLE		STREET ADDRESS	1567 Fuller RD	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	T	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN RICHARD		NAME		
STREET ADDRESS	4401 SOUNSID DR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
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: <i>Richard Godwin</i>			Date: <i>4-28-08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		