2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 743278

Entity Name: NORTHWEST FLORIDA LEGAL SERVICES, INC.

Current Principal Place of Business:

701 S. J STREET
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1551
PENSACOLA, FL 325911551 US

New Mailing Address:

FEI Number: 59-1817996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, C.V.
701 S. J STREET
PENSACOLA, FL 32501 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: PD ( ) Delete
Name: BEDNAR, MARK A
Address: 11 EAST ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD ( ) Delete
Name: FARRAR, GREGORY P
Address: 109 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TD ( ) Delete
Name: WELCH, JOHN P
Address: 900 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete
Name: MOORER, MARY K
Address: 109 W. MADISON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: PEPPLER, CHARLES V
Address: 14 W GOVERNMENT STREET, RM.411
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: STEBBINS, MICHAEL J
Address: 504 NORTH BAYLEN STREET
City-St-Zip: PENSACOLA, FL 32501

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 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: C. V. FORD DIR 01/13/2009

Electronic Signature of Signing Officer or Director — Date