

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90088 048 \*\*\*\*61.25

|                                                                                                        |                                                                                   |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 743579</b><br>1. Entity Name<br>NORTHWEST FLORIDA MILITARY OFFICERS<br>ASSOCIATION, INC. |  |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                 |                                                                 |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>4143 CALLAWAY DR<br>P.O. BOX 310<br>FT WALTON BCH, FL 32549-0310 | Mailing Address<br>4143 CALLAWAY DR<br>NICEVILLE, FL 32578-1780 |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                    |                                        |
|--------------------------------------------------------------------|----------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br>622 Overbrook Dr | 3. Mailing Address<br>622 Overbrook Dr |
|--------------------------------------------------------------------|----------------------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br>Fort Walton Beach, FL | City & State<br>Fort Walton Beach, FL |
|---------------------------------------|---------------------------------------|

|                   |         |                   |         |
|-------------------|---------|-------------------|---------|
| Zip<br>32547-3548 | Country | Zip<br>32547-3548 | Country |
|-------------------|---------|-------------------|---------|



02072007 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>23-7434498 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

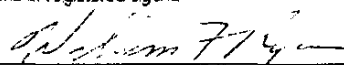
6. Name and Address of Current Registered Agent

ARPKE, CHARLES K  
4143 CALLAWAY DR  
NICEVILLE, FL 32578-1780

7. Name and Address of New Registered Agent

|                                                                        |
|------------------------------------------------------------------------|
| Name<br>William F. Ryan                                                |
| Street Address (P.O. Box Number is Not Acceptable)<br>622 Overbrook Dr |
| City<br>Fort Walton Beach                                              |
| FL Zip Code<br>32547-3548                                              |

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                                                  | William F. Ryan, Treasurer | February 7, 2007 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) |                            | 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

**Make check payable to**  
**Florida Department of State**

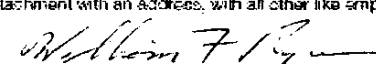
10. OFFICERS AND DIRECTORS

|                                                   |                                                                                       |                                 |
|---------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>MC CARTHY, SR. JAMES F<br>200 WYNNHAVEN BEACH ROAD<br>MARY ESTHER, FL 325692717 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | SD<br>ARPKE, CHARLES K<br>4143 CALLAWAY DR<br>NICEVILLE, FL 325781780                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VD<br>DALE, JACK<br>155 COUNTRY CLUB ROAD<br>SHALIMAR, FL 325791636                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>MANN, F W JR<br>630 MERIONETH DR<br>FT WALTON BCH, FL 32547-175                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>FELDMANN, JOHN E<br>212 COUNTRY CLUB RD<br>SHALIMAR, FL 325792216                | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | TD<br>RYAN, WILLIAM F<br>622 OVERBROOK DR.<br>FORT WALTON BEACH, FL 325473548         | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                   |                                                                    |                                                                              |
|---------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>Dale, Jack<br>155 Country Club Rd<br>Shalimar, FL 32579-1636 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VD<br>Hill, Howard J<br>2403 Parker Dr<br>Niceville, FL 32578-2316 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:**  February 7, 2007 (850) 314-7862