



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90082 016 \*\*\*\*61.25

<b>DOCUMENT # 746934</b> 1. Entity Name <b>NORTHWEST FLORIDA AREA AGENCY ON AGING, INC.</b>					
Principal Place of Business <b>3300 N PACE BLVD. SUITE 200 PENSACOLA FL 32505 US</b>			Mailing Address <b>3300 N PACE BLVD. SUITE 200 PENSACOLA FL 32505 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number      Applied For <b>59-1912803</b> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				 1st MOORE      CR2E037 (10/04)	
6. Name and Address of Current Registered Agent <b>PEOPLES, DOROTHY H 3300 N PACE BLVD. SUITE 200 PENSACOLA FL 32505</b>					
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>EDWARDS, ROBERT F</b> <input type="checkbox"/> Delete <b>49 BIRCH ST</b> <b>SANTA ROSA BEACH FL 32459</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>731 Waterview Cove Dr.</b> <b>Freeport, FL 32439</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORBIN, LANNIE</b> <input type="checkbox"/> Delete <b>208 N PARTIN DR.</b> <b>NICEVILLE FL 32578</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STAMITOLIS, CHARLES E</b> <input type="checkbox"/> Delete <b>1025 CREIGHTON ROAD</b> <b>PENSACOLA FL 32504</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAWKINS, DAVID R</b> <input type="checkbox"/> Delete <b>ONE ENERGY PLACE BIN 0703</b> <b>PENSACOLA FL 32520</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PASQUARELLO, VINCENT</b> <input type="checkbox"/> Delete <b>5311 TIVILI DRIVE</b> <b>DESTIN FL 32550</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOK, LINDA</b> <input type="checkbox"/> Delete <b>1650 CONOVER COVER</b> <b>GULF BREEZE FL 32563</b>		TITLE NAME STREET ADDRESS CITY-ST-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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Charles E. Polk</i> Charles E. Polk      2/16/05      850.595.5421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

ATTACHMENT

20014285

# 746934

2005 Not-For-Profit Corporation  
Annual Report

Document #746934

Northwest Florida Area Agency on Aging, Inc.

ADDITIONAL DIRECTORS

Hunter Walker, Secretary  
3491 Ashmore Lane  
Pace, FL 32571

Charles Polk, Treasurer  
7859 Hestia Place  
Pensacola, FL 32506

Maxine Ivey, Director  
211 Mildred St.  
Jay, FL 32565

Samuel Hayes, Director  
838 Conyers St.  
Crestview, FL 32536

Barbara Pettis, Director  
233 Beachview Dr.  
Ft. Walton Beach, FL 32547

Randall Infinger, Director  
988 Thompson Rd.  
DeFuniak Springs, FL 32433