2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746934

FILED Jan 21, 2010 Secretary of State

Entity Name: NORTHWEST FLORIDA AREA AGENCY ON AGING, INC.

Current Principal Place of Business: New Principal Place of Business:

5090 COMMERCE PARK CIR PENSACOLA, FL 32505 US

Current Mailing Address: New Mailing Address:

5090 COMMERCE PARK CIR PENSACOLA, FL 32505 US

FEI Number: 59-1912803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEOPLES, DOROTHY H 5090 COMMERCE PARK CIR PENSACOLA, FL 32505 US

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:

Name: DAVIS, NEIL C

Address: 8300 WILDE LAKE ROAD City-St-Zip: PENSACOLA, FL 32526

Title: F

Name: IVEY, MAXINE
Address: 5088 MILDRED ST
City-St-Zip: JAY, FL 32565

Title: S

Name: POLK, CHARLES
Address: 7859 HESTIA PLACE
City-St-Zip: PENSACOLA, FL 32506

Title: \

Name: HAWKINS, DAVID R

Address: ONE ENERGY PLACE BIN 313
City-St-Zip: PENSACOLA, FL 32522

Title: CEO

Name: PEOPLES, DOROTHY H
Address: 5090 COMMERCE PARK CIRCLE

City-St-Zip: PENSACOLA, FL 32505

Title: CFC

Name: MCCOOL, AMBER P

Address: 5090 COMMERCE PARK CIRCLE

City-St-Zip: PENSACOLA, FL 32505

I hereby 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 all other like empowered.

SIGNATURE: MAXINE IVEY P 01/21/2010