

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746934

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

5090 COMMERCE PARK CIR
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

5090 COMMERCE PARK CIR
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 59-1912803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEOPLES, DOROTHY H
5090 COMMERCE PARK CIR
PENSACOLA, FL 32505 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: T
Name: DAVIS, NEIL C
Address: 8300 WILDE LAKE ROAD
City-St-Zip: PENSACOLA, FL 32526

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

Title: S
Name: CORBIN, LANNIE
Address: 208 N PARTIN DR
City-St-Zip: NICEVILLE, FL 32578

Title: V
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: CFO
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: AMBER P MCCOOL

CFO

02/16/2011

Electronic Signature of Signing Officer or Director

Date