

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

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90081 028 \*\*\*\*61.25

**DOCUMENT # 752427**

1. Entity Name

REHABILITATION FOUNDATION OF NORTHWEST  
FLORIDA, INC.



Principal Place of Business

2929 LANGLEY AVE.  
SUITE 202  
PENSACOLA FL 32504

Mailing Address

2929 LANGLEY AVE.  
SUITE 202  
PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2089355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, ROBERT D  
2929 LANGLEY AV STE 202  
MILTON FL 32570

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

*Robert Bowman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 T ☐ Delete  
NAME SUTTON, EW MD  
STREET ADDRESS 5527 STEWART NW  
CITY-ST-ZIP MILTON FL 32570

TITLE PCT ☒ Delete  
NAME NICKINSON, BETTY  
STREET ADDRESS 1960 SEVILLE DRIVE  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ST ☒ Delete  
NAME HART, ANNE D  
STREET ADDRESS 4575 FRANCISCO ROAD  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE CT ☐ Delete  
NAME LARRY, DENNIS K  
STREET ADDRESS P.O BOX 13010  
CITY-ST-ZIP PENSACOLA FL 32591

TITLE TT ☐ Delete  
NAME TAIT, TOMMY  
STREET ADDRESS 101 WEST GARDEN STREET  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ Delete  
NAME BOWMAN, ROBERT  
STREET ADDRESS 305 BERRYHILL ROAD  
CITY-ST-ZIP MILTON FL 32570

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CT ☐ Change ☒ Addition  
NAME Stolhanske, James G.  
STREET ADDRESS P.O. Box 13010  
CITY-ST-ZIP Pensacola, FL 32591-3010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PCT ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** *James G. Stolhanske* James G. Stolhanske

2/28/05

(850) 434-3257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #