

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90015 036 ****61.25

DOCUMENT # 752427

1. Entity Name

REHABILITATION FOUNDATION OF NORTHWEST
FLORIDA, INC.



Principal Place of Business

Mailing Address

2929 LANGLEY AVE.
SUITE 202
PENSACOLA FL 32504

2929 LANGLEY AVE.
SUITE 202
PENSACOLA FL 32504

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Pensacola, FL 32504

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: CT ☐ Delete
NAME: STOLHANSKE, JAMES G
STREET ADDRESS: P O BOX 13010
CITY-ST-ZIP: PENSACOLA FL 32591

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

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

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

TITLE: PCT ☐ Delete
NAME: KELIHER, JOHN
STREET ADDRESS: 2022 DOWNING DRIVE
CITY-ST-ZIP: PENSACOLA FL 32505

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

TITLE: T ☒ Delete
NAME: TAIT, TOMMY
STREET ADDRESS: 101 WEST GARDEN STREET
CITY-ST-ZIP: PENSACOLA FL 32501

TITLE: VPT ☐ Change ☒ Addition
NAME: Jerry Mock
STREET ADDRESS: 2600 Tambridge Circle, Pensacola, FL 32503
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert Bowman