2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2008 8:00 am
Secretary of State
03-07-2008 90040 040 ****61.25

DOCUMENT # 752427

1. Entity Name

REHABILITATION FOUNDATION OF NORTHWEST FLORIDA, INC.

66004964

Principal Place of Business	Mailing Address
2929 LANGLEY AVE. SUITE 202 PENSACOLA FL 32504	2929 LANGLEY AVE. SUITE 202 PENSACOLA FL 32504

1st MOORE CR2E037 (10/07)

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) 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW. FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T SUTTON, EW MD 5527 STEWART NW MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT STOLHANSKE, JAMES G P O BOX 13010 PENSACOLA FL 32591	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Jerry Mock 2600 Tambridge Circle ~~Pensacola, FL 32503~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HART, ANNE D 4575 FRANCISCO ROAD PENSACOLA FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT KELIHER, JOHN 2022 DOWNING DRIVE PENSACOLA FL 32505	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAIT, TOMMY 101 WEST GARDEN STREET PENSACOLA FL 32501	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Shirley Henderson 1421 E. Cross St., Pensacola, FL 32503 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOWMAN, ROBERT 305 BERRYHILL ROAD MILTON FL 32570	☐ Delete	TITLE / NAME / STREET ADDRESS / 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 D Bowman Director 3-24-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #