2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752427

FILED Feb 24, 2009 Secretary of State

Entity Name: REHABILITATION FOUNDATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:				New Principal Place of Business:			
2929 LANG SUITE 202 PENSACO	GLEY AVE. LA, FL 32504						
Current Mailing Address:				New Mailing Address:			
2929 LANG SUITE 202 PENSACO	GLEY AVE. LA, FL 32504						
FEI Number:	59-2089355	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Des	sired()
Name and	Address of C	Current Registered Agent:		Name and	Address of N	lew Registered Agen	t:
BOWMAN, ROBERT D 2929 LANGLEY AV STE 202 MILTON, FL 32570 US				BOWMAN, ROBERT D 2929 LANGLEY AV E SUITE 202 PENSACOLA, FL 32504 US			
The above in the State		submits this statement for the pu	urpose of	changing it	s registered o	ffice or registered age	nt, or both,
SIGNATURE:						02/24/2009	
	Electror	nic Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	T (SUTTON, EW 5527 STEWAR MILTON, FL 33	TNW		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T (MOCK, JERRY 2600 TAMBRID PENSACOLA, I	GE CIRCLE		Title: Name: Address: City-St-Zip:	CT (X) MOCK, JERRY 2600 TAMBRID PENSACOLA, F		
Title: Name: Address: City-St-Zip:	PT (HART, ANNE D 4575 FRANCIS PENSACOLA, I	CO RD		Title: Name: Address: City-St-Zip:	T (X) HART, ANNE D 4575 FRANCISO PENSACOLA, F		
Title: Name: Address: City-St-Zip:	T (KELIHER, JOH 2022 DOWNIN PENSACOLA, I	G DRIVE		Title: Name: Address: City-St-Zip:	GROSS, JOHN	MANA ST. SUITE 224	
Title: Name: Address: City-St-Zip:	T (HENDERSON, 1421 E. CROS PENSACOLA, I	S ST		Title: Name: Address: City-St-Zip:	T (X) BELL, BRIAN 33 WEST GARI PENSACOLA, F		
Title: Name: Address: City-St-Zip:	D (BOWMAN, ROI 305 BERRYHIL MILTON, FL 32	L ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT D. BOWMAN, ED.D. DIRE 02/24/2009