

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90030 004 \*\*\*\*61.25

**DOCUMENT # 761405**

1. Entity Name  
WESTWOOD HOMES, INC.



Principal Place of Business

% JOSEPH M. ROGERS  
P O BOX 18370  
PENSACOLA, FL 32523

Mailing Address

% JOSEPH M. ROGERS  
P O BOX 18370  
PENSACOLA, FL 32523



01112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2209887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, JOSEPH M  
1920 W GARDEN STREET  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME CURRY, DELORES  
STREET ADDRESS 1920 W GARDEN STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE STD  
NAME ROGERS, JOSEPH M  
STREET ADDRESS 1920 W GARDEN STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  
NAME NICHOLS, MELANIA  
STREET ADDRESS 1920 W. GARDEN STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE PD  
NAME YOUNG, MARIE  
STREET ADDRESS 1920 W. GARDEN ST.  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  
NAME GIVENS, GWENDOLYN  
STREET ADDRESS 1920 W. GARDEN ST.  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE D  
NAME HENDERSON, SHIRLEY  
STREET ADDRESS 1920 WEST GARDEN ST  
CITY-ST-ZIP PENSACOLA, FL 32501

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph M. Rogers* Joseph M. Rogers 04/21/08 850-438-8581