FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:05

DOCUMENT # 763927 (1)

1. Corporation Name
GRANT-A-WISH FOUNDATION OF NORTHWEST FLORIDA, IN C.

Principal Place of Business	Mailing Address
601 SOUTH PALAFOX ST P.O. BOX 12584 PENSACOLA FL 32573	601 SOUTH PALAFOX ST P.O. BOX 12584 PENSACOLA FL 32573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1982
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2224986 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROWN, GERALD L.
601 SOUTH PALAFOX STREET
P.O. BOX 12584
PENSACOLA FL 32573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D ☐ Change ☒ Addition
NAME	TAYLOR, REBECCA	1.2 NAME	Lewis, Linda S.
STREET ADDRESS	1458 SANIBEL LANE	1.3 STREET ADDRESS	2275 Scenic Hwy., #131
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	Pensacola, FL
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, GERALD L	2.2 NAME	
STREET ADDRESS	601 SOUTH PALAFOX ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	CABASSA, RONALD S.	3.2 NAME	
STREET ADDRESS	2635 VENETIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, MARCIE L	4.2 NAME	
STREET ADDRESS	9812 BRIDGEWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DONNALLEY, DEBBIE	5.2 NAME	
STREET ADDRESS	6065 HILBURN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MOULTON, JOY	6.2 NAME	
STREET ADDRESS	10055 NORIEGA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/7/95 904-432-7646
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Gerald L. Brown, Treasurer
Date Daytime Phone Number

0072061