

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90137 001 ***306.25

DOCUMENT # 765400

1. Entity Name

NORTHWEST FLORIDA HEALTH COUNCIL, INC.



Principal Place of Business

**431 OAK AVENUE
PANAMA CITY, FL 32401 US**

Mailing Address

**431 OAK AVENUE
PANAMA CITY, FL 32401 US**



04192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2261787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, R MICHAEL
431 OAK AVENUE
PANAMA CITY, FL 32401**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KRUMEL, VIVIAN
STREET ADDRESS	3920 MONTIGNE DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	SD
NAME	MCLEOD, MARSHALL W EDD
STREET ADDRESS	1000 COLLEGE BLVD., PENSACOLA
CITY-ST-ZIP	PENSACOLA, FL
TITLE	TD
NAME	SUTTON, ELBERT W MD
STREET ADDRESS	5527 STEWARD STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	ED
NAME	HILL, ROBERT M
STREET ADDRESS	431 OAK DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 #

4/20/2007 850-872-4128

BIG BEND HEALTH COUNCIL, INC.
431 OAK AVENUE
PANAMA CITY, FL 32401
(850) 872-4128

BAY BANK & TRUST CO.
PANAMA CITY, FLORIDA

8223

ATTACHMENT

66016382

63-520/632

PAY
TO THE
ORDER OF

\$

DOLLARS

1500

32302-1500

W99000006032

MEMO

786607, 765678, 765400, W04000007630



Terri Anderson
AUTHORIZED SIGNATURE

Security features. Details on back.

BIG BEND HEALTH COUNCIL, INC.

8223

DATE	TO	AMOUNT
01/20/12	N.W. FL. HEALTH COUNCIL, INC	
01/20/12	SUNSHINE STATE HEALTH PRS, INC	
01/20/12	BIG BEND HEALTH COUNCIL, INC	
01/20/12	FL ASSN OF HEALTH PLANNING AGENCIES, INC	
01/20/12	SAINT JOSEPH CARE OF FL, INC	

Cash in P...