


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90019 014 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N00000003386</b>  |  |
| 1. Entity Name<br><b>NORTHWEST FLORIDA BUSINESS DEVELOPMENT COUNCIL, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4636 HIGHWAY 90 EAST<br/>SUITE K<br/>MARIANNA, FL 32446</b> | Mailing Address<br><b>P.O. BOX 60<br/>CHIPLEY, FL 32428</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01312006 Chg-NP CR2E037 (11/05)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3654568</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |  |             |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent        |             |
| <b>BONDURANT, FRANK E<br/>4450 LAFAYETTE ST<br/>MARIANNA, FL</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>CLARK, GARY<br>5282 PEANUT RD.<br>GRACEVILLE, FL 32440 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>WARD, BYRON<br>4627 MEADOWVIEW RD.<br>MARIANNA, FL 32446 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVC<br>EUBANKS, JOHNNY<br>SUMMERS ROAD<br>BRISTOL, FL 32321 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>MONTFORD, VICKI<br>2932 CRAWFORDVILLE HIGHWAY<br>CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**20110 CENTRAL AVE WEST, STE 1  
BLOUNTSTOWN, FL 32424**

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

**2-1-06**

Date Daytime Phone #