## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000007656

FILED Mar 19, 2009 Secretary of State

Entity Name: FLORIDA'S GREAT NORTHWEST, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4471 LEGENDARY DR SUITE 100 DESTIN, FL 32541

**New Mailing Address: Current Mailing Address:** 

4471 LEGENDARY DR SUITE 100 DESTIN, FL 32541

FEI Number: 59-3685250 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WENSTRAND, L. ALLAN 4471 LEGENDARY DR SUITE 100 DESTIN, FL 32541 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COBD () Delete (X) Change ( ) Addition LEOPOLD, FRED Name: LEOPOLD, FRED Name: 23 S JOHN SIMS PKWY Address: 12590 EMERALD COAST PKWY Address: City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: Title: () Delete () Change () Addition Name:

HELMS, JEFF Name: Address: 2401 EXECUTIVE PLAZA, SUITE 2 Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

STUBBLEFIELD, MARTY Name: LAW, WILLIAM D DR Name: Address: 101 N MONROE ST Address: 444 APPLEYARD DR City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32304

( ) Delete Title: Title: () Change () Addition

Name: WENSTRAND, ALLAN Name: 11490 EMERALD COAST PARKWAY STE 300 Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

REED, MARY LOU BODINE, KIM Name: Name: 109 EIGHTH AVE 5230 WEST HWY 98 Address: Address: City-St-Zip: SHALIMAR, FL 32578 City-St-Zip: PANAMA CITY, FL 32401

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: L ALLAN WENSTRAND Ρ 03/19/2009