

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005059

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: NFBC FOUNDATION, INC.

**Current Principal Place of Business:**

2201 NORTH 9TH AVE  
PENSACOLA, FL 325033999

**New Principal Place of Business:**

**Current Mailing Address:**

2201 NORTH 9TH AVE  
PENSACOLA, FL 325033999

**New Mailing Address:**

FEI Number: 59-3735424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBERTS JR, EUGENE  
2201 NORTH 9TH AVENUE  
PENSACOLA, FL 32503 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDE ( ) Delete  
Name: DEWITT, JOHN  
Address: 8680 SCENIC HWY #15  
City-St-Zip: PENSACOLA, FL 32514

Title: VPD ( ) Delete  
Name: WINDHAM, JOHN F  
Address: 562 E. ROMANA STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: TD ( ) Delete  
Name: WHITE, BOYCE  
Address: 1701 CONWAY DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: SD ( ) Delete  
Name: ESCOBEDO, ANDREA  
Address: 4512 CITADEL DRIVE  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN DEWITT

PDE

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date