

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008250

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** NORTHWEST ESCAMBIA FOOTBALL LEAGUE INC.

**Current Principal Place of Business:**

7650 HWY. 97  
WALNUT HILL, FL 32568

**New Principal Place of Business:**

**Current Mailing Address:**

7650 HWY. 97  
WALNUT HILL, FL 32568

**New Mailing Address:**

**FEI Number:** 59-3745879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, CHARLES L  
5291 PINE BARREN CH. RD.  
CENTURY, FL 32535 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: PD ( ) Delete  
Name: WILLIAMS, CHARLES L  
Address: 5291 PINE BARREN CH. RD.  
City-St-Zip: CENTURY, FL 32535

Title: VD ( ) Delete  
Name: TULLIS, BODIE  
Address: 6441 TULLIS RD.  
City-St-Zip: MCDAVID, FL 32568

Title: TD ( ) Delete  
Name: CHAVERS, MELISSA  
Address: 6801 PINE FOREST RD.  
City-St-Zip: WALNUT HILL, FL 32568

Title: SD ( ) Delete  
Name: LUKER, TAMMY S  
Address: 1164 GREEN RD.  
City-St-Zip: ATMORE, AL 36502

**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: SD (X) Change ( ) Addition  
Name: TULLIS, EMILY  
Address: 6441 TULLIS RD.  
City-St-Zip: MCDAVID, FL 32568

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: CHARLES L. WILLIAMS

PD

04/27/2007

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

\_\_\_\_\_  
Date