


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001748
 1. Entity Name
 NORTHWEST FLORIDA LEGISLATIVE DAY, INC.



Principal Place of Business
 1241 AIRPORT RD., STE. B
 DESTIN, FL 32541

Mailing Address
 1241 AIRPORT RD., STE. B
 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3753680

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CLARY, CHARLES W III
 1241 AIRPORT RD., STE. B
 DESTIN, FL 32541

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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: *Charles W. Clary III* (NOTE: Registered Agent signature required when reinstating.) DATE: 4/5/04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000105760
 04/07/04-80028-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARY, CHARLES W III 1241 AIRPORT RD., STE. B DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PURSLEY, ALLISON 1241 AIRPORT RD., STE. B DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, STACEY 1241 AIRPORT RD., STE. B DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: *Charles W. Clary III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04 8508339159
 Date Daytime Phone #