

**2006 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-02-2006 90190 012 ****61.25

DOCUMENT # N02000001748

1. Entry Name
Northwest Florida Legislative Day Inc.



DO NOT WRITE IN THIS SPACE

66019302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1241 Airport Road</u> Suite, Apt. #, etc. <u>Suite B</u>		3. Mailing Address <u>1241 Airport Rd.</u> Suite, Apt. #, etc. <u>Ste B</u>	
City & State <u>Destin FL</u>		City & State <u>Destin FL</u>	
Zip <u>32541</u>	Country <u>USA</u>	Zip <u>32541</u>	Country <u>USA</u>

4. FEI Number <u>59-3753680</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Clary, Charles W. III

Street Address (P.O. Box Number is Not Acceptable)
1241 Airport Rd Ste B

City Destin FL Zip Code 32541

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 re-registering) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PO Clary, Charles III 1241 Airport Rd, Ste B Destin, FL 32541</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VBP Carter, Allison P 1241 Airport Rd Ste B Destin, FL 32541</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TD Allen, Stacey 1241 Airport Rd Ste B Destin, FL 32541</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing complies with the requirements of Chapter 119, Florida Statutes, and that the information included on this report is true and correct to the best of my knowledge and belief. I am a duly authorized officer or director of the corporation and I am attaching this report with an address with authority like empowered.

SIGNATURE: Stacey Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)