

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007392

FILED
Jun 16, 2009
Secretary of State

Entity Name: NAIOP NORTHWEST FLORIDA CHAPTER, INC.

Current Principal Place of Business:

316 SOUTH BAYLEN STREET
SUITE 300
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16025
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 54-2076592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRIFFING, JOHN
C/O NAI HALFORD
24 NORTH TARRAGONNA
PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADSHAW, NELSON
Address: 5055 BAYOU BLVD
City-St-Zip: PENSACOLA, FL 32503

Title: PCD () Delete
Name: JOHNSON, BO
Address: 21 EAST GARDEN STREET, SUITE 211
City-St-Zip: PENSACOLA, FL 32502

Title: TD () Delete
Name: ROWELL, JACK
Address: 316 SOUTH BAYLEN STREET, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

Title: PED (X) Delete
Name: MINK, DORIS
Address: ONE ENERGY PLACE
City-St-Zip: PENSACOLA, FL 32520

Title: MD (X) Delete
Name: STANELY, PAUL
Address: 5061 NORTH 12TH AVENUE
City-St-Zip: PENSACOLA, FL 32504

Title: PCD (X) Delete
Name: VERONICA, DIAS
Address: P.O. BOX 12966
City-St-Zip: PENSACOLA, FL 32591

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROWELL, JACK
Address: 316 SOUTH BAYLEN STREET, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

Title: SD (X) Change () Addition
Name: HALSTEAD, GLENN
Address: 49 EAST CHASE STREET
City-St-Zip: PENSACOLA, FL 32502

Title: TD (X) Change () Addition
Name: WARREN, SCOTT
Address: 316 SOUTH BAYLEN STREET, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

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 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: SCOTT WARREN

TD

06/16/2009

Electronic Signature of Signing Officer or Director

Date