

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007392

FILED  
Apr 30, 2012  
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:**

316 SOUTH BAYLEN STREET  
SUITE 300  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 54-2076592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFING, JOHN  
C/O NAI HALFORD  
24 NORTH TARRAGONNA  
PENSACOLA, FL 32502 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  
Name: BO, JOHNSON  
Address: 520 EAST ZARAGOZA STREEET  
City-St-Zip: PENSACOLA, FL 32502

Title: SD  
Name: HOFFMAN, KEVIN  
Address: 4890 BAYOU BOULEVARD  
City-St-Zip: PENSACOLA, FL 32503

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

I hereby 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 all other like empowered.

SIGNATURE: SCOTT WARREN

TD

04/30/2012

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

\_\_\_\_\_  
Date