2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2005
Secretary of State

DOCUMENT# N02000009442

Entity Name: NORTHWEST FLORIDA COMMUNITY OUTREACH, INC.

Current Principal Place of Business:

630 E. CROSS ST.
PENSACOLA, FL 32503

New Principal Place of Business:

691-A BROAD STREET
PENSACOLA, FL 32534

Current Mailing Address:

630 E. CROSS ST.
PENSACOLA, FL 32503

New Mailing Address:

691-A BROAD STREET
PENSACOLA, FL 32534

FEI Number: 55-0805293 **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:

BEASLEY, SAMUEL E
630 E. CROSS ST.
PENSACOLA, FL 32503 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: BEASLEY, SAMUEL E
Address: 630 E. CROSS ST.
City-St-Zip: PENSACOLA, FL 32503

Title: SD ( ) Delete
Name: BEASLEY, BRENDA K
Address: 630 E. CROSS ST.
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete
Name: DAVIS, DELIVIAN
Address: 1016 REVERE DR.
City-St-Zip: PENSACOLA, FL 32505

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SAMUEL E. BEASLEY PD 07/16/2005

Electronic Signature of Signing Officer or Director — Date