


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009442


1. Entity Name
 NORTHWEST FLORIDA COMMUNITY OUTREACH, INC.



Principal Place of Business
 691-A BROAD STREET
 PENSACOLA, FL 32534

Mailing Address
 691-A BROAD STREET
 PENSACOLA, FL 32534

DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 55-0805293

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEASLEY, SAMUEL E
 630 E. CROSS ST.
 PENSACOLA, FL 32503

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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: *Samuel E. Beasley, Pres.* Samuel E. Beasley, Pres. 2/7/07
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25
Due by May 1, 2007 ✓ *5534*

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEASLEY, SAMUEL E 630 E. CROSS ST. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEASLEY, BRENDA K 630 E. CROSS ST. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, DELIVIAN 1016 REVERE DR. PENSACOLA, FL 32505
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 03/07/07-80049-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: *Delivian D. Davis, Treasurer* Delivian Davis, Tres. 2/7/07 ⁽⁸⁵⁰⁾ 5059673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #