

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
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



04172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

1077

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000907873
05/06/08-80004-024 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BEASLEY, SAMUEL E
STREET ADDRESS 630 E. CROSS ST.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE SD
NAME BEASLEY, BRENDA K
STREET ADDRESS 630 E. CROSS ST.
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE TD
NAME DAVIS, DELIVIAN
STREET ADDRESS 1016 REVERE DR.
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/15/08 (850) 505-9673