

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009698

FILED
Apr 29, 2008
Secretary of State

Entity Name: NORTHWEST FLORIDA COMMUNITY DEVELOPMENT PARTNERSHIP INC.

Current Principal Place of Business:

1498 CHUCK DRIVE
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 795
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 90-0065001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, CHARLES D
1498 CHUCK DRIVE
MARIANNA, FL 32448 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: VPD () Delete
Name: GRIFFIN, KENNETH
Address: P.O. BOX 225
City-St-Zip: ALFORD, FL 32420

Title: STD () Delete
Name: WHITEHEAD, CLAYTON
Address: 3145 SECOND STREET
City-St-Zip: MARIANNA, FL 32446

Title: P () Delete
Name: SIMS, CHARLES D
Address: 1498 CHUCK DRIVE
City-St-Zip: MARIANNA, FL 32448

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 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: CHARLES D SIMS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date