

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000009511**

1. Entity Name  
**NORTHWEST FLORIDA I C SUPPORT GROUP, INC**



Principal Place of Business  
**152 HOMBRE CIRCLE  
PANAMA CITY BEACH, FL 32407**

Mailing Address  
**152 HOMBRE CIRCLE  
PANAMA CITY BEACH, FL 32407**



03032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1711569**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TIPTON, GLORIA S  
152 HOMBRE CIRCLE  
PANAMA CITY BEACH, FL 32407**

**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, 2006**

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  
**P  
TIPTON, GLORIA S  
152 HOMBRE CIRCLE  
PANAMA CITY BEACH, FL 32407**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
FLEEBOTTE, PAT  
105 BID A WEE COURT  
PANAMA CITY BEACH, FL 32413**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S/T  
BITTICK, ANITA  
1313 STRATFORD AVENUE  
PARKER, FL 32404**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000455432  
03/15/06 00057-017 61.25

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/06**  
Date

**871-4152**  
Daytime Phone #