

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 08:00 AM**  
**Secretary of State**

|                                                            |                                                                                   |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000009511</b>                             |  |
| 1. Entity Name<br>NORTHWEST FLORIDA I C SUPPORT GROUP, INC |                                                                                   |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br>152 HOMBRE CIRCLE<br>PANAMA CITY BEACH, FL 32407 | Mailing Address<br>152 HOMBRE CIRCLE<br>PANAMA CITY BEACH, FL 32407 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|



03282008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>20-1711569 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                       |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>TIPTON, GLORIA S<br>152 HOMBRE CIRCLE<br>PANAMA CITY BEACH, FL 32407 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

| 10. OFFICERS AND DIRECTORS                     |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>TIPTON, GLORIA S<br>152 HOMBRE CIRCLE<br>PANAMA CITY BEACH, FL 32407  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FLEEBOTTE, PAT<br>105 BID A WEE COURT<br>PANAMA CITY BEACH, FL 32413 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>BITTICK, ANITA<br>1313 STRATFORD AVENUE<br>PARKER, FL 32404         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |

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000000988756  
04/18/08-80071-003 61.25

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:** Anita Bittick 4/4/08 850 871-4157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
ANITA BITTICK