

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011008

FILED
Oct 07, 2009
Secretary of State

Entity Name: REBUILD NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

150 W MAXWELL ST.
PENSACOLA, FL 325011719

New Principal Place of Business:

Current Mailing Address:

150 W MAXWELL ST.
PENSACOLA, FL 325011719

New Mailing Address:

FEI Number: 20-1920020 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WALTON, GARRETT W
17 PALAFOX ST
STE 394
PENSACOLA, FL 32502 US

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: GARRETT W. WALTON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RITCHIE, WALTER J JR.
Address: POST OFFICE BOX 13401
City-St-Zip: PENSACOLA, FL 32591

Title: TD () Delete
Name: GRAY III, EDWARD
Address: 315 FAIRPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: ED () Delete
Name: APPELYARD, CAROLYN P
Address: C/O 4400 BAY BLVD 34
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: NICKELSEN, ERIC
Address: 17 W CEDAR ST
City-St-Zip: PENSACOLA, FL 32502

Title: SD (X) Delete
Name: LONG, CLIFF
Address: 610 E BURGESS RD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALTON, GARRETT
Address: P.O. BOX 12358
City-St-Zip: PENSACOLA, FL 32591

Title: TD (X) Change () Addition
Name: GRAY III, EDWARD
Address: 315 FAIRPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: SD (X) Change () Addition
Name: LONG, CLIFF
Address: 610 E. BURGESS ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: VPD (X) Change () Addition
Name: PEADEN, DAVID
Address: 4400 BAYOU BLVD., STE. 45
City-St-Zip: PENSACOLA, FL 32503

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: GARRETT WALTON

PD

10/07/2009

Electronic Signature of Signing Officer or Director

Date