

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011008

FILED  
Feb 18, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

WALTON, GARRETT W  
150 WEST MAXWELL STREET  
PENSACOLA, FL 32501 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:** PD  
**Name:** WALTON, GARRETT  
**Address:** P.O. BOX 12358  
**City-St-Zip:** PENSACOLA, FL 32591

**Title:** SD  
**Name:** GREENHUT, RYAN  
**Address:** 23 S  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** VPD  
**Name:** WHIDDEN, DEREK  
**Address:** 1700 W LEONARD ST  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** VPE  
**Name:** MERRILL, WILLIAM  
**Address:** 150 W. MAXWELL ST.  
**City-St-Zip:** PENSACOLA, FL 32501 US

**Title:** TD  
**Name:** GRAY, ED  
**Address:** 315 FAIRPOINT DR  
**City-St-Zip:** GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

**SIGNATURE:** GARRETT W. WALTON

PD

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date