


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000000097</b>		
1. Entity Name <b>CONCERNED MEN AND WOMEN OF NORTHWEST PANHANDLE AREA, INC.</b>		
Principal Place of Business <b>139 TRI-COUNTY ROAD P.O. BOX 571 GRACEVILLE, FL 32440</b>	Mailing Address <b>139 TRI-COUNTY ROAD P.O. BOX 571 GRACEVILLE, FL 32440</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MOULTRIE, GEORGE W 139 TRI-COUNTY ROAD GRACEVILLE, FL 32440</b>		
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: <u>George W. Moultrie</u> <u>George W. Moultrie</u> <u>May 16, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOULTRIE, GEORGE W PO BOX 571 GRACEVILLE, FL 32440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRING, GREGORY 809 NEALS LANDING ROAD BASCOM, FL 32423	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, CINDY 962-A 8TH AVENUE GRACEVILLE, FL 32440	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGAN, ISAIAH REV. 2032 HWY. 73 MARIANNA, FL 32448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPIRES, WILLIE 4818 EBONY COURT MARIANNA, FL 32448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER, SARAH A 5467 JORDAN STREET GRACEVILLE, FL 32440	
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: <u>George W. Moultrie</u> <u>George W. Moultrie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> <u>(850) 638-2531</u> <u>5-16-07</u> <u>(850) 638-2531</u>		



05182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>22-3901556</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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