

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005850

FILED
Apr 27, 2007
Secretary of State

Entity Name: INFRAGARD MEMBERS ALLIANCE OF NORTHWEST FLORIDA, INCORPORATED

Current Principal Place of Business:

31 W GARDEN ST
SUITE 100
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

31 W GARDEN ST
SUITE 100
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 35-2256397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, ROBERT G
31 W GARDEN ST
SUITE 100
PENSACOLA, FL 32502 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: PRES () Delete
Name: DAVID, ROBERT G
Address: 4443 CEDARBROOK DR
City-St-Zip: PENSACOLA, FL 32526 US

Title: VP () Delete
Name: REID, RANDALL C
Address: 1505 RIVERS ST
City-St-Zip: PENSACOLA, FL 32514 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REID, RANDALL C
Address: 1505 RIVERS ST
City-St-Zip: PENSACOLA, FL 32516 US

Title: VP (X) Change () Addition
Name: KIRKPATRICK, DAVID R SR
Address: 1445 PINE ST
City-St-Zip: NICEVILLE, FL 32578 US

Title: TREA () Change (X) Addition
Name: RUNYAN, SCOTT R
Address: 4779 CORNADO CIR
City-St-Zip: CRESTVIEW, FL 32539

Title: OFF () Change (X) Addition
Name: DRENNEN, JAMES
Address: 6228 ROBIN HOOD RD
City-St-Zip: MILTON, FL 32570

Title: OFF () Change (X) Addition
Name: DAVID, ROBERT G
Address: 4443 CEDARBROOK DR
City-St-Zip: PENSACOLA, FL 32526

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: ROBERT G. DAVID

OFF

04/27/2007

Electronic Signature of Signing Officer or Director

Date