## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005850

FILED May 06, 2008 Secretary of State

Entity Name: INFRAGARD MEMBERS ALLIANCE OF NORTHWEST FLORIDA, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 31 W GARDEN ST SUITE 100 PENSACOLA, FL 32502 **New Mailing Address: Current Mailing Address:** 31 W GARDEN ST SUITE 100 PENSACOLA, FL 32502 FEI Number: 35-2256397 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: DAVID, ROBERT G 31 W GARDEN ST SUITE 100 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition REID, RANDALL C Name: Name: 1505 RIVERS ST Address: Address: PENSACOLA, FL 32516 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KIRKPATRICK, DAVID R SR Name: DRENNEN, JAMES Name: Address: 1445 PINE ST Address: 6228 ROBIN HOOD RD City-St-Zip: NICEVILLE, FL 32578 US City-St-Zip: MILTON, FL 32570 US Title: TREA () Delete Title: () Change () Addition RUNYAN, SCOTT R Name: Name: Address: 4779 CORNADO CIR Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: OFF ( ) Delete Title: OFF (X) Change ( ) Addition Name: DRENNEN, JAMES Name: DAVID, ROBERT G 6228 ROBIN HOOD RD 4443 CEDARBROOK DR Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: PENSACOLA, FL 32526 Title: OFF (X) Delete Title: () Change () Addition DAVID, ROBERT G Name: Name: 4443 CEDARBROOK DR Address: Address: City-St-Zip: PENSACOLA, FL 32526 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: ROBERT G. DAVID OFF 05/06/2008