2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N06000001409

Entity Name: THE INTERFAITH HOUSING COALITION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

11 NORTH B STREET
PENSACOLA, FL 32501

New Principal Place of Business:

11 NORTH B STREET
PENSACOLA, FL 32502

Current Mailing Address:

11 NORTH B STREET
PENSACOLA, FL 32501

New Mailing Address:

11 NORTH B STREET
PENSACOLA, FL 32502

FEI Number: 87-0761667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICARD, JOHN H REV.
11 NORTH B STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

RICARD, JOHN H REV.
11 NORTH B STREET
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: _____ 02/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOST RICARD, JOHN H REV
Address: 11 N B STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VP ( ) Delete
Name: NICHOLSON, ROGER A
Address: 33 E GREGORY STREET
City-St-Zip: PENSACOLA, FL 32502

Title: T ( ) Delete
Name: NORMAN, JEAN
Address: 1301 W GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: S (X) Delete
Name: GANTZHOM, ALAN REV
Address: 6915 NORTH HWY 29
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: REV (X) Change ( ) Addition
Name: RICARD, JOHN H
Address: 11 N B STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VP (X) Change ( ) Addition
Name: NORMAN, JEAN
Address: 1301 W GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: REV (X) Change ( ) Addition
Name: GANTZHORN, ALAN
Address: 6915 NORTH HWY 29
City-St-Zip: MOLINO, FL 32577

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: WILLIAM D. COMPTON MR. 02/24/2009
Electronic Signature of Signing Officer or Director — Date