

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007932

FILED
May 28, 2008
Secretary of State

Entity Name: NORTH WEST FLORIDA SENIOR /YOUTH CARE CENTERS, INC.

Current Principal Place of Business:

519 CHADWICK ST
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

519 CHADWICK ST
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 20-5290574 **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:

SULLIVAN, JERONE
519 CHADWICK ST
PENSACOLA, FL 32503 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: P () Delete
Name: SULLIVAN, JERONE
Address: 519 CHADWICK ST
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP () Delete
Name: MILLER, FRED A
Address: 1342 NORTH BLUE ANGEL PKWY
City-St-Zip: PENSACOLA, FL 32534 US

Title: 2VP () Delete
Name: AVANT, CALVIN
Address: 7820 CASTLEGATE DR
City-St-Zip: PENSACOLA, FL 32534 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: JERONE SULLIVAN,
Address: 519 CHADWICK ST
City-St-Zip: PENSACOLA, FL 32503 US

Title: MS (X) Change () Addition
Name: BEVERLY JONES,
Address: 519 CHADWICK ST
City-St-Zip: PENSACOLA, FL 32503

Title: MR (X) Change () Addition
Name: CALVIN AVANT,
Address: 7820 CASTLEGATE DR
City-St-Zip: PENSACOLA, FL 32534 US

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: JERONE SULLIVAN

PRES

05/28/2008

Electronic Signature of Signing Officer or Director

Date