

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007932

FILED  
Mar 28, 2009  
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 ( )**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEVERLY JONES

MS

03/28/2009

Electronic Signature of Signing Officer or Director

Date