

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009954

FILED
Mar 27, 2010
Secretary of State

Entity Name: TRAUMA INTERVENTION PROGRAM OF NW FLORIDA, INC.

Current Principal Place of Business:

1269 HOLIDAY DRIVE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1269 HOLIDAY DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 20-5399412 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARTER, TOMMY D
1269 HOLIDAY DRIVE
GULF BREEZE, FL 32563 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
Name: CARTER, TOMMY D
Address: 1269 HOLIDAY DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: VP
Name: PYLE, JAMES C
Address: 1617 LLANI LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: V
Name: ONKKA, JACK
Address: 3199 RAINES CT
City-St-Zip: PENSACOLA, FL 32514

I hereby 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 all other like empowered.

SIGNATURE: TOMMY D CARTER

P

03/27/2010

Electronic Signature of Signing Officer or Director

Date