


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90042 049 \*\*\*\*61.25

**DOCUMENT # N06000012659**  
 1. Entity Name  
**NORTHWEST FLORIDA ANIMAL ALLIANCE, INC.**



Principal Place of Business      Mailing Address  
 109 NORTH PALAFOX STREET      109 NORTH PALAFOX STREET  
 PENSACOLA FL 32502              PENSACOLA FL 32502



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

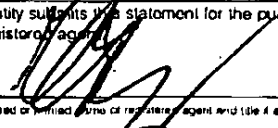
1st MOORE      CR2E037 (10/06)

City & State                                      City & State  
 Zip      Country                                      Zip      Country

4. FEI Number       Applied For  
 Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FARRAR, GREGORY P**  
**109 NORTH PALAFOX STREET**  
**PENSACOLA FL 32506**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                                      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE       DATE **2-27-07**  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

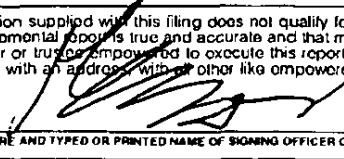
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	FARRAR, GREGORY P	109 NORTH PALAFOX STREET	PENSACOLA FL 32502	<input type="checkbox"/>
VP	FARRAR, CYNTHIA K	109 NORTH PALAFOX STREET	PENSACOLA FL 32502	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with or other like empowered.  
 SIGNATURE:       Date **2/27/07**      Daytime Phone # **8504348904**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR