2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N08000003329

Entity Name: WOMEN'S RECOVERY AND RESOURCE CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

1117A JENKS AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

1117 JENKS AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

1117A JENKS AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

1117 JENKS AVENUE
PANAMA CITY, FL 32401

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HORVAT, GEORGE L DR.
1117 JENKS AVENUE
PANAMA CITY, FL 32401 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: JOHNSON, SHARON R
Address: 1117A JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP ( ) Delete
Name: HORVAT, GEORGE L DR
Address: 1117 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: S ( ) Delete
Name: DRYMON, JUDY
Address: 1117A JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: T (X) Delete
Name: JOHNSON, JAMES H III
Address: 900 HARGROVE
City-St-Zip: TUSCALOOSA, AL 35401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, JAMES (TREY) H III
Address: 900 HARGROVE
City-St-Zip: TUSCALOOSA, AL 35401

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

Title: T (X) Change ( ) Addition
Name: BARNES, DANNA (MIKKI)
Address: 917 BAKER
City-St-Zip: FORT WALTON BEACH, FL 32547

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: GEORGE HORVAT VP 01/20/2009
Electronic Signature of Signing Officer or Director — Date