

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000060

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA ARTS ASSOCIATION, INC.

**Current Principal Place of Business:**

196 MIRACLE STRIP PKWY SE  
UNIT G  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5811  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 27-1408167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAIN, HOLLY  
6554 LONGVIEW ST.  
NAVARRE, FL 32566 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: D  
Name: BAIN, HOLLY  
Address: 6554 LONGVIEW ST.  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: PENCE, BRANDON  
Address: 7726 NAVARRE PKWY APT 719  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: SNYDER, CHARLOTTE  
Address: 6554 LONGVIEW ST.  
City-St-Zip: NAVARRE, FL 32566

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: HOLLY BAIN

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date