2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N10470

Entity Name: NORTHWEST FLYERS, INC.

Current Principal Place of Business:

4243 LAFAYETTE ST.
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6095
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-2384242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVIN, DALE L
5098 OLD HICKORY CIR.
MARIANNA, FL 32446 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: PD ( ) Delete
Name: ERBACHER, DANA
Address: 365 COMPASS LAKE DR.
City-St-Zip: ALFORD, FL 32420 US

Title: VD ( ) Delete
Name: BAKER, MURRAY
Address: 18433 N.E. ROY GOLDEN RD.
City-St-Zip: BLOUNTSTOWN, FL 32424 US

Title: STD ( ) Delete
Name: CAVIN, DALE L
Address: 5098 OLD HICKORY CIR.
City-St-Zip: MARIANNA, FL 32446 US

Title: D ( ) Delete
Name: HART, JAMES
Address: 7371 COX RD.
City-St-Zip: BASCOM, FL 32423 US

Title: D ( ) Delete
Name: CAMP, BOBBY
Address: 1290 NEW HOPE RD.
City-St-Zip: SLOCOMB, AL 36375 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ERBACHER, DANA
Address: 389 COMPASS LAKE DR.
City-St-Zip: COMPASS LAKE, FL 32420 US

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

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: DALE L CAVIN ST 02/09/2009

Electronic Signature of Signing Officer or Director — Date