

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10470

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**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  
Name: HARRIS, ROYCE D  
Address: 2483 RIVER RD.  
City-St-Zip: SNEADS, FL 32460 US

Title: VD  
Name: SMITH, STEVEN A  
Address: 6286 BUTLER RD.  
City-St-Zip: MARIANNA, FL 32446 US

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

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

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

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:** DALE L CAVIN

ST

01/13/2011

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

\_\_\_\_\_  
Date