

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010018

FILED
Feb 24, 2012
Secretary of State

Entity Name: NORTHWEST FLORIDA CHAPTER OF CONCERNS OF POLICE SURVIVORS, INC.

Current Principal Place of Business:

105 LEILA PL
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

105 LEILA PL
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 52-1354370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, CONNIE
105 LEILA PL
FORT WALTON BEACH, FL 32548 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
Name: BARKER, CONNIE
Address: 105 LEILA PL
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P
Name: ALTMAN, MADELINE
Address: 223 ALTMAN RD
City-St-Zip: FREEPORT, FL 32439

Title: D
Name: BARKER, RICHARD
Address: 105 LEILA PL
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: ALTMAN, HAROLD
Address: 223 ALTMAN RD
City-St-Zip: FREEPORT, FL 32439

Title: T
Name: KIGHT, CHRISTINA
Address: 103 KENSINGTON CIR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S
Name: DIETZ, CHARLENE
Address: 471 ANDREW DR
City-St-Zip: VALPARAISO, FL 32580

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: CHRISTINA KIGHT

T

02/24/2012

Electronic Signature of Signing Officer or Director

Date