

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15992

FILED
Mar 10, 2009
Secretary of State

Entity Name: NORTHWEST FLORIDA MARINE INDUSTRIES ASSOC., INC.

Current Principal Place of Business:

1619 MYRTLEWOOD LN
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4425
PENSACOLA, FL 32507 US

New Mailing Address:

P.O. BOX 5121
NICEVILLE, FL 32578 US

FEI Number: 59-2877648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURVIS, JAMES O MR
1619 MYRTLEWOOD LN
NICEVILLE, FL 32578 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: O P () Delete
Name: DE SIMONE, JAMES (ROCKY)
Address: 2760 MASTERS BLVD
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: JOHN, NAYBOR
Address: 806 LAKEWOOD ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: O VP () Delete
Name: COLINS, DAVID
Address: 1910 W. BEACH RD.
City-St-Zip: PANAMA CITY, FL 32501

Title: DT () Delete
Name: WOODRUFF, SHARON
Address: 5131 NORTH PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: HINELY, BRETT
Address: 290 YACHT CLUB DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BURT, SCOTT
Address: PO BOX 27185
City-St-Zip: PANAMA CITY, FL 32411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O P (X) Change () Addition
Name: BURT, WILLIAM S
Address: PO BOX 27086
City-St-Zip: PANAMA CITY, FL 32411

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

Title: D (X) Change () Addition
Name: COLINS, DAVID
Address: 1910 W. BEACH RD.
City-St-Zip: PANAMA CITY, FL 32501

Title: O T (X) Change () Addition
Name: WOODRUFF, SHARON
Address: 5131 NORTH PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32505

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

Title: O VP (X) Change () Addition
Name: SOMERSET, STEPHANIE
Address: 2113 PEBBLE BEACH
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: JAMES O PURVIS

EX D

03/10/2009

Electronic Signature of Signing Officer or Director

Date