


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90034 001 \*\*\*\*61.25

<b>DOCUMENT # N22455</b> 1. Entity Name <b>DEAF AND HARD OF HEARING SERVICES OF NORTHWEST FLORIDA, INC.</b>					
Principal Place of Business <b>945 W MICHIGAN AVENUE SUITE 4B PENSACOLA, FL 32505 US</b>			Mailing Address <b>945 W MICHIGAN AVENUE SUITE 4B PENSACOLA, FL 32505 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>59-2842074</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PETERSON, JIMMY 945 W. MICHIGAN AVE. SUITE 4B PENSACOLA, FL 32505</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="text-align: right;"><small>DATE</small></div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT, SUE</b>		NAME	<b>ANNA BARBEE</b>	
STREET ADDRESS	<b>6541 COUNTY ROAD 95</b>		STREET ADDRESS	<b>105 BAY BRIDGE DR. 2ND FL</b>	
CITY-ST-ZIP	<b>ELBERTA, AL 36530</b>		CITY-ST-ZIP	<b>GULF BREEZE FL 32562</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>MCGRAW, JOHN E</b>		NAME	<b>KELLEY HARRIS</b>	
STREET ADDRESS	<b>1480 STEFANI CIRCLE</b>		STREET ADDRESS	<b>4025 MONTALVO DR</b>	
CITY-ST-ZIP	<b>CANTONMENT, FL 32533</b>		CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CATO, KIMBERLY</b>		NAME	<b>RAY WILLIAMS</b>	
STREET ADDRESS	<b>6499 CAROLINE STREET</b>		STREET ADDRESS	<b>PO BOX 4024</b>	
CITY-ST-ZIP	<b>MILTON, FL 32570</b>		CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETERSON, JIMMY</b>		NAME		
STREET ADDRESS	<b>945 W. MICHIGAN AVE., SUITE 4B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Jimmy Peterson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-8-2006</b> <small>Date</small>		<b>850/433-7128</b> <small>Daytime Phone #</small>