

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25875

FILED
May 01, 2006
Secretary of State

Entity Name: NORTHWEST FLORIDA DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

2027 E. THREE NOTCH ST.
ANDALUSIA, AL 36421 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550
ANDALUSIA, AL 36420 US

New Mailing Address:

FEI Number: 63-1008579 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, DAVID T.
44 SEAWATCH DRIVE
SANTA ROSA BEACH, FL 32459 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 () Delete
Name: SMITH, GARY L
Address: 2027 E. THREE NOTCH ST.
City-St-Zip: ANDALUSIA, AL 36421 US

Title: STD () Delete
Name: BRILL, STEVEN P
Address: 2027 E. THREE NOTCH ST.
City-St-Zip: ANDALUSIA, AL 36421 US

Title: AST () Delete
Name: WALTON, F. F.
Address: 2027 E. THREE NOTCH ST.
City-St-Zip: ANDALUSIA, AL 36421 US

Title: VCD () Delete
Name: RAMAGE, JAMES T. III
Address: 2027 E. THREE NOTCH ST.
City-St-Zip: ANDALUSIA, AL 36421 US

Title: CD () Delete
Name: CAMPBELL, CLAY R
Address: 2027 E. THREE NOTCH ST.
City-St-Zip: ANDALUSIA, AL 36421 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: F. F. WALTON

AST

05/01/2006

Electronic Signature of Signing Officer or Director

Date