

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25875

FILED  
Apr 30, 2009  
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 ( )**

**Name and Address of Current Registered Agent:**

SANSOM, RAY  
4471 LEGENDARY DRIVE  
SUITE 100  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

MILLER, JULIET  
4471 LEGENDARY DRIVE  
SUITE 100  
DESTIN, FL 32541 US

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: JULIET MILLER

04/30/2009

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

Title: STD ( ) Delete  
Name: HARRISON, GARY  
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 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. FERRELL WALTON

AST

04/30/2009

Electronic Signature of Signing Officer or Director

Date