

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29336

FILED
Mar 04, 2009
Secretary of State

Entity Name: NORTHWEST FLORIDA STATE COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

100 COLLEGE BLVD.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

100 COLLEGE BLVD.
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2865698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UTLEY, DONNA
100 COLLEGE BLVD.
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: D () Delete
Name: RICHBURG, JAMES R
Address: 223 YACHT CLUB DR
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: KELLEY, LORI
Address: 36474-A EMERALD COAST PKWY, STE. 12
City-St-Zip: DESTIN, FL 32540

Title: VP () Delete
Name: FRAZIER, GLORIA
Address: 1270 N. EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: CAMPBELL, WAYNE
Address: 1000 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete
Name: BODIE, WAYNE
Address: 4509 HIGHWAY 83
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: SIMS, SANDY MS.
Address: 140 HOLLYWOOD BLVD.
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: FRAZIER, GLORIA
Address: 1270 N EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

Title: VP (X) Change () Addition
Name: CAMPBELL, WAYNE
Address: 1000 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S (X) Change () Addition
Name: BODIE, WAYNE
Address: 4509 HIGHWAY 83
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: T (X) Change () Addition
Name: HOWARD, DON
Address: 5383 HILLCREST ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change () Addition
Name: KELLEY, LORI
Address: 36474-C EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32540

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: DONNA UTLEY

MS

03/04/2009

Electronic Signature of Signing Officer or Director

Date