2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Sep 23, 2009 DOCUMENT# N29336 Secretary of State

Entity Name: NORTHWEST FLORIDA STATE COLLEGE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 100 COLLEGE BLVD NICEVILLE, FL 32578 **Current Mailing Address: New Mailing Address:** 100 COLLEGE BLVD NICEVILLE, FL 32578 FEI Number: 59-2865698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UTLEY, DONNA 100 CÓLLEGE BLVD. NICEVILLE, FL 32578 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition RICHBURG, JAMES R Name: Name: 223 YACHT CLUB DR Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FRAZIER, GLORIA Name: Address: 1270 N EGLIN PARKWAY Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPBELL, WAYNE Name: Name: 1000 MAR WALT DRIVE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BODIE, WAYNE Name: 4509 HIGHWAY 83 Address: Address: DEFUNIAK SPRINGS, FL 32433 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition HOWARD, DON Name: Name: 5383 HILLCREST ROAD Address: Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: () Delete Title: () Change () Addition KELLEY, LORI Name: Name: Address: 36474-C EMERALD COAST PARKWAY Address: DESTIN, FL 32540 City-St-Zip: 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: REBECCA J. TISLOW MS. 09/23/2009