

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 17, 2010
Secretary of State

DOCUMENT# N29336

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:**KEDROSKI, CRISTIE
100 COLLEGE 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: CRISTIE KEDROSKI

11/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FRAZIER, GLORIA
Address: 1270 N EGLIN PARKWAY
City-St-Zip: SHALIMAR, FL 32579

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

Title: T
Name: HOWARD, DON
Address: 5383 HILLCREST ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: D
Name: HANDY, TY
Address: 1317 WINDWARD CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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

I hereby 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 all other like empowered.

SIGNATURE: GLORIA FRAZIER

PRES

11/17/2010

Electronic Signature of Signing Officer or Director

Date