2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N31348

Entity Name: SAV-A-LIFE OF NORTHWEST FLA., INC.

Current Principal Place of Business:

813 EAST GADSDEN STREET
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

813 EAST GADSDEN STREET
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 59-2941896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCALARNEY, DION
4136 FARRINGTON ROAD
MILTON, FL 32583 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:	ZIEMBA, RICHARD	
Address:	3061 KILLARNEY DRIVE	
City-St-Zip:	PACE, FL 32571	
Title:	VP	( ) Delete
Name:	STRINGFIELD, JOHN	
Address:	3051 KILLARNEY DRIVE	
City-St-Zip:	PACE, FL 32571	
Title:	D	( ) Delete
Name:	GRUBB, BOBETTE	
Address:	2712 ASHBURY LANE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	MINTZ, ANGELA	
Address:	2201-INVERNESS DR	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	S	( ) Delete
Name:	UDIT, BARBARA	
Address:	423 YORK STREET	
City-St-Zip:	GULF BREEZE, FL 32561	
Title:	T	( ) Delete
Name:	UDIT, DAVE	
Address:	423 YORK STREET	
City-St-Zip:	GULF BREEZE, FL 32561	

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:	D	(X) Change ( ) Addition
Name:	HOBART, GRANT	
Address:	1729 ST. MARY'S BAY DR	
City-St-Zip:	MILTON, FL 32583	
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: DION MCALARNEY E. 03/25/2009
Electronic Signature of Signing Officer or Director — Date