

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36914

FILED
Apr 03, 2007
Secretary of State

Entity Name: JAPAN-AMERICAN SOCIETY OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

11000 UNIVERSITY PARKWAY
BLDG. 71
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

11000 UNIVERSITY PARKWAY
BLDG. 71
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-2897817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONDA, SHIGEKO
11000 UNIVERSITY PKWY BLDG 71
PENSACOLA, FL 32514 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: BIRDWELL, DR THOMAS R
Address: 22 LAKESIDE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: O () Delete
Name: MARX, MORRIS L DR
Address: 11000 UNIVERSITY PARKWAT
City-St-Zip: PENSACOLA, FL 32514

Title: O () Delete
Name: BAKER, LAVERNE MRS
Address: 84 BAYBRIDGE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: CRUMLISH, JAMES A
Address: 315 PAYNE ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: JONES, C RAY
Address: 611 N BARCELONA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: O () Delete
Name: BALLINGER, MALCOLM MR
Address: 41 N JEFFERSON, SUITE 211
City-St-Zip: PENSACOLA, FL 32501

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAVERNE BAKER

MS.

04/03/2007

Electronic Signature of Signing Officer or Director

Date