

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45148

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: NORTHWEST FLORIDA CHAPTER, INC.

## Current Principal Place of Business:

6385 PENSACOLA BLVD  
PENSACOLA, FL 32505 US

## New Principal Place of Business:

## Current Mailing Address:

6385 PENSACOLA BLVD  
PENSACOLA, FL 32505 US

## New Mailing Address:

FEI Number: 59-2955014      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREIRA COURTNEY  
6385 PENSACOLA BLVD  
PENSACOLA, FL 32505 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: THOMAS, DENNIS A  
Address: 1014 BRANDERMILL DR  
City-St-Zip: CANTONMENT, FL 32533

Title: AD ( ) Delete  
Name: LYNCH, CHRIS  
Address: 5068 PONITZ PARKWAY  
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete  
Name: DAVIS, LYNDIA G  
Address: 174 DOGWOOD RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: T ( ) Delete  
Name: ARLEDGE, DIANE  
Address: 4405 MUNDY LN  
City-St-Zip: PACE, FL 32571

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: JOHNSON, EDWARD J  
Address: 1470 SHORE BIRD TER  
City-St-Zip: CANTONMENT, FL 32533

Title: AD (X) Change ( ) Addition  
Name: LIPSCOMB, WARREN  
Address: 3507 BAYSWATER DR  
City-St-Zip: PENSACOLA, FL 32514

Title: S (X) Change ( ) Addition  
Name: MAGEE, JOHN  
Address: PO BOX 11451  
City-St-Zip: PENSACOLA, FL 32524

Title: T (X) Change ( ) Addition  
Name: MILLIGAN, CAROLYN  
Address: 2450 PINTO CIR  
City-St-Zip: CANTONMENT, FL 32533

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: EDWARD J JOHNSON

DIR

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date