

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50337 (7)

1. Corporation Name

NORTHWEST FLORIDA SEARCH AND RESCUE ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

P.O. BOX 257
ALFORD FL 32420

P.O. BOX 257
ALFORD FL 32420

0000001821230
-05/14/96--01127--012
*****70.00 *****70.00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1992		3a. Date of Last Report 06/01/1995	
21. Suite, Apt., etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3177915		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5.00 May Be Added to Fees	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		29. Country		30. Country			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 10 PM 4:21

JONES, NANCY
1310 RESCUE DRIVE
ALFORD FL 32420

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Nancy Jones

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D JONES, NANCY 1310 RESCUE DR ALFORD FL	1.1 TITLE	Y/D JONES, NANCY 1310 RESCUE DR. ALFORD, FL 32420
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D LADOUCEUR, PAUL 819 OAK AVE. PANAMA CITY FL	2.1 TITLE	S/D RANEW, ALTON 7896 SALE ST. SNEADS, FL 32460
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D MADER, SHARON 2470 HWY 71 MARIANNA FL	3.1 TITLE	V PETORAK, STEVE 2438 2ND AVE ALFORD, FL 32460
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Jones* NANCY JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 904-579-4132

Date

Daytime Phone #

CR2E037 (12/95)