

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JONES, NANCY
1310 RESCUE DRIVE
ALFORD FL 32420

3. Date Incorporated or Qualified

08/10/1992

4. FEI Number

59-3177915

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners' association?



Yes



No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME JONES, NANCY
STREET ADDRESS 1310 RESCUE DR
CITY-ST-ZIP ALFORD FL 32420
☐ DELETE

TITLE PD
NAME RANNEY, ALTON
STREET ADDRESS 7800 SALE ST
CITY-ST-ZIP SNEADS FL 32460
☐ DELETE

TITLE V
NAME PETORAK, STEVE
STREET ADDRESS 2438 2ND AVE
CITY-ST-ZIP ALFORD FL 32460
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME JONES, NANCY
1.3 STREET ADDRESS 1310 RESCUE DR
1.4 CITY-ST-ZIP ALFORD FL 32420
☒ Change ☐ Addition

2.1 TITLE TD
2.2 NAME DAVID LAY
2.3 STREET ADDRESS 325 ALEXANDER DR
2.4 CITY-ST-ZIP LYNN HAVEN FL 32444
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME 600002666426
5.3 STREET ADDRESS -10/19/98--01016--038
5.4 CITY-ST-ZIP ***\$1.25
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME 600002666426
6.3 STREET ADDRESS -10/19/98--01016--038
6.4 CITY-ST-ZIP ***\$1.75
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

7-10-98

850-579-4132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Oct 16 1998 8:00am
Secretary of State

