

FILE NOW: FILING FEE IS \$61.25 70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 020 ****70.00

DOCUMENT #

N50337

Corporation Name

NORTHWEST FLORIDA SEARCH AND RESCUE
ASSOCIATION, INC

Principal Place of Business

Mailing Address

325 ALEXANDER DR
LYNN HAVEN FL
32444325 ALEXANDER DR
LYNN HAVEN FL
32444

Principal Place of Business

2a. Mailing Address

325 ALEXANDER DR

26 325 ALEXANDER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LYNN HAVEN

27 LYNN HAVEN FL

City & State

City & State

3. Date Incorporated or Qualified

8-10-92

4. FEI Number

59-3177915

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

32444 25 Bay

Zip

Country

29 32444 30 Bay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, NANCY
1310 RESCUE DRIVE
ALFORD FL 32420

81 Name

LAY, DAVID

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

325 ALEXANDER DRIVE

83

84 City

LYNN HAVEN

FL

85 Zip Code

FL 32444

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)

DAVID M. LAY 6 Sept 1999

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	SD	<input checked="" type="checkbox"/> DELETE
2. STREET ADDRESS	JONES, NANCY	
3. CITY-ST-ZIP	1310 RESCUE DR	
4. CITY-ST-ZIP	ALFORD FL 32420	
5. NAME	PD	<input checked="" type="checkbox"/> DELETE
6. STREET ADDRESS	RANEW, ALTON	
7. CITY-ST-ZIP	7886 SALE ST	
8. CITY-ST-ZIP	SNEADS FL 32460	
9. NAME	V	<input checked="" type="checkbox"/> DELETE
10. STREET ADDRESS	PETORAK STEVE	
11. CITY-ST-ZIP	2438 2ND AVE	
12. CITY-ST-ZIP	ALFORD FL 32460	
13. NAME	TD	<input type="checkbox"/> DELETE
14. STREET ADDRESS	LAY, DAVID	
15. CITY-ST-ZIP	325 ALEXANDER	
16. CITY-ST-ZIP	LYNN HAVEN FL 32444	
17. NAME		<input type="checkbox"/> DELETE
18. STREET ADDRESS		
19. CITY-ST-ZIP		
20. NAME		<input type="checkbox"/> DELETE
21. STREET ADDRESS		
22. CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LAY DAVID	
1.3 STREET ADDRESS	325 ALEXANDER DR	
1.4 CITY-ST-ZIP	LYNN HAVEN FL	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ERNEST, NOE	
2.3 STREET ADDRESS	P.O. Box 96	
2.4 CITY-ST-ZIP	CHATTahoochee FL 32324	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	COTTELL-LAY Debbie	
3.3 STREET ADDRESS	325 ALEXANDER DR	
3.4 CITY-ST-ZIP	LYNN HAVEN FL 32444	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DAVID M. LAY

6 Sept 1999

850-265-1916

Date

Daytime Phone #

CR2E037 (1/98)