

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000669

1. Entity Name

ABILITIES CENTER OF NORTHWEST FLORIDA, INC.

Principal Place of Business

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

Mailing Address

408 W. JAMES LEE BLVD.
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WANDA J. FOGLE
5407 CONSTITUTION RD.
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name
Bernice Calhoun
Street Address (P.O. Box Number is Not Acceptable)
6086 Lake Ella Rd.
City
Crestview, FL Zip Code
32539

8. 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

Bernice Calhoun

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOGLE, WANDA 5407 CONSTITUTION RD CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOGLE, JAMES 5407 CONSTITUTION RD CRESTVIEW FL 32539	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLHOUN, BERNICE LAKE ELLA RD CRESTVIEW FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, JESS 929 E EDNEY CRESTVIEW FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, ELISE 408 W JAMES LEE BLVD CRESTVIEW FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DOROTHY 497 E BOWERS CRESTVIEW FL 32539	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President D Johnson, Dorothy 774 E. Pine Ave. Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres. D Greer, Jesse 311 Country Club Dr. Crestview, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secry. D Colonna, Amanda 6089 Lake Ella Rd. Crestview, FL 32539	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Calhoun, Bernice 6086 Lake Ella Rd. Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Walker, Darrell 118 Mill Pond Cove Crestview, FL 3259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wildman, Edith 1414 Texas Parkway Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy Johnson* Dorothy Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

850-682-4455

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90151 023 ****61.25

A0055927



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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