2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000669

1. Entity Name

ABILITIES CENTER OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2110 3RD AVENUE CRESTVIEW FL 32536	2110 3RD AVENUE 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

1st MOORE CR2E037 (10/04)

4. FEI Number 59-3156485 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALHOUN, BERNICE 6086 LAKE ELLA ROAD CRESTVIEW FL 32539	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALHOUN, BERNICE	NAME	U00000315548
STREET ADDRESS	6086 LAKE ELLA RD	STREET ADDRESS	04/19/05-80040-008 61.25
CITY-ST-ZIP	CRESTVIEW FL 32539	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOORE, DOROTHY	NAME	
STREET ADDRESS	774 E PINE AVE	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLONNA, AMANDA	NAME	
STREET ADDRESS	3089 LAKE ELLA RD	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAZE, ZOE	NAME	
STREET ADDRESS	323 RAY AVE	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALKER, DARRELL	NAME	
STREET ADDRESS	118 MILL POND COVE	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURGAN, ERA L	NAME	
STREET ADDRESS	725 E PINE AVE	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	CITY-ST-ZIP	

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: Victoria Walker Victoria Walker 4-10-05 689-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #