2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

DOCUMENT# N92000000669

Entity Name: ABILITIES CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2110 3RD AVENUE
CRESTVIEW, FL 32536

New Principal Place of Business:

5451 OLD BETHEL ROAD
CRESTVIEW, FL 32536

Current Mailing Address:

2110 3RD AVENUE
CRESTVIEW, FL 32536

New Mailing Address:

P.O. BOX 486
CRESTVIEW, FL 32536

FEI Number: 59-3156485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CALHOUN, BERNICE
6086 LAKE ELLA ROAD
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CALHOUN, BERNICE
Address: 6086 LAKE ELLA RD
City-St-Zip: CRESTVIEW, FL 32539

Title: VPD ( ) Delete
Name: MOORE, DOROTHY
Address: 774 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: SD ( ) Delete
Name: COLONNA, AMANDA
Address: 3089 LAKE ELLA RD
City-St-Zip: CRESTVIEW, FL 32539

Title: TD ( ) Delete
Name: MAZE, ZOE
Address: 323 RAY AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete
Name: WALKER, DARRELL
Address: 118 MILL POND COVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: BURGAN, ERA L
Address: 725 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL WALKER D 07/06/2006

Electronic Signature of Signing Officer or Director — Date