

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90185 050 ****61.25

DOCUMENT # N92000000669

1. Entity Name

ABILITIES CENTER OF NORTHWEST FLORIDA, INC.



Principal Place of Business

~~400 W. JAMES LEE BLVD.~~ ADDRESS
CRESTVIEW FL 32536 CHANGING

Mailing Address

~~400 W. JAMES LEE BLVD.~~
CRESTVIEW FL 32536

2. Principal Place of Business

2110 3RD AVENUE

3. Mailing Address

2110 3RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FLORIDA

City & State

CRESTVIEW, FLORIDA

Zip

32536

Country

OKLAHOMA

Zip

32536

Country

OKLAHOMA

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

CALHOUN, BERNICE
6086 LAKE ELLA ROAD
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

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

Bernice Calhoun

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-03

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	CALHOUN, BERNICE	
STREET ADDRESS	6086 LAKE ELLA RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DOROTHY MOORE	
STREET ADDRESS	774 E PINE AVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLONNA, AMANDA	
STREET ADDRESS	3089 LAKE ELLA RD	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAZE, ZOE	
STREET ADDRESS	323 RAY AVE	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, DARRELL	
STREET ADDRESS	118 MILL POND COVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGAN, ERA L	
STREET ADDRESS	725 E PINE AVE	
CITY-ST-ZIP	CRESTVIEW FL 32539	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Dorothy	
STREET ADDRESS	774 E. Pine Ave.	
CITY-ST-ZIP	Crestview, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

U SIGNATURES REQUIRED

Victoria K. Walker Director

850 689-3663

04-23-03

CR2E037 (10/02)