2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001115

FILED Jul 11, 2006 Secretary of State

Entity Name: NORTHWEST FLORIDA LEAGUE OF CITIES, INC.

Current Principal Place of Business: New Principal Place of Business: 325 JOHN KNOX ROAD BLDG. 300, SUITE 301EC TALLAHASEE, FL 32303 **New Mailing Address: Current Mailing Address:** 325 JOHN KNOX ROAD BLDG. 300, SUITE 301EC TALLAHASEE, FL 32303 FEI Number: 59-3032180 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: Name and Address of New Registered Agent: HENDRY, JEFF 325 JOHN KNOX ROAD BLDG. 300, SUITE 301EC TALLAHAŚEE, FL 32303 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete KELLEY, WALT HARRISON, DON Name: Name: 333 MOORE DR Address: 71 U.S. HWY 90 WEST Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: DEFUNIAK SPRINGS, FL 32435 Title: Title: (X) Change () Addition () Delete MADISON, DELORES GLOVER, GLENDA Name: Name: Address: PO BOX 4009 Address: 50 MLK BLVE City-St-Zip: FORT WALTON BEACH, FL 32549 City-St-Zip: MIDWAY, FL 32343 Title: (X) Delete Title: () Change () Addition SEEVERS, SAM Name: Name: 4200 TWO TREES RD Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: () Delete (X) Change () Addition Title: Title: Name: GARNER, LEE Name: GARNER, ELMON L PO DRAWER 188 Address: PO DRAWER 188 Address: CHATTAHOOCHEE, FL 32324 City-St-Zip: City-St-Zip: CHATTAHOOCHEE, FL 32324 Title: () Delete Title: (X) Change () Addition STERNS, HEYWARD CONLEY, JULIE Name: Name: 465 VALPARAISO PARKWAY 245 S. MULBERRY Address: Address: City-St-Zip: VALPARAISO, FL 32580 City-St-Zip: MONTICELLO, FL 32344 Title: Title: () Change () Addition () Delete FORD CLAY Name: Name: Address: 1070 SHORELINE DR Address: GULF BREEZE, FL 32561 City-St-Zip: 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: ELMON LEE GARNER T 07/11/2006