

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90068 050 \*\*\*\*61.25

<b>DOCUMENT # N93000001115</b> 1. Entity Name <b>NORTHWEST FLORIDA LEAGUE OF CITIES, INC.</b>					
Principal Place of Business <b>325 JOHN KNOX ROAD BLDG. 300, SUITE 301EC TALLAHASSEE, FL 32303</b>			Mailing Address <b>325 JOHN KNOX ROAD BLDG. 300, SUITE 301EC TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3032180</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENDRY, JEFF 325 JOHN KNOX ROAD BLDG. 300, SUITE 301EC TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HARRISON, DON</b> <b>71 U.S. HWY 90 WEST</b> <b>DEFUNIAK SPRINGS, FL 32435</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Anderson, Mike</b> <b>8 Carlyle Ct</b> <b>Et Walton Beach, FL 32547</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FV <b>MADISON, DELORES</b> <b>50 MLK BLVE</b> <b>MIDWAY, FL 32343</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>GARNER, ELMON L</b> <b>PO DRAWER 188</b> <b>CHATTAHOOCHEE, FL 32324</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CONLEY, JULIE</b> <b>245 S. MULBERRY</b> <b>MONTICELLO, FL 32344</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>W.P.C.</b> <b>3960 Potosi Rd</b> <b>Pensacola, FL 32504</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: ELMON L. GARNER, TREASURER</b> <i>Elmon L. Garner</i> <b>April 7, 2008</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					