## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002784

FILED Mar 03, 2009 Secretary of State

Entity Name: NORTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
906 WEST MAIN ST PENSACOLA, FL 32501 US		906 WEST MAIN ST PENSACOLA, FL 32502 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 18 PENSACO	3472 LA, FL 32523	US			
FEI Number:	59-3192000	FEI Number Applied For ( ) FEI Nu	mber Not Applic	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KELSON, MICHELE B 906 WEST MAIN STREET PENSACOLA, FL 32501 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	S AND DIRECT	ORS:	ADDITIONS	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I COOK, JOE 550 EAST ROYO PENSACOLA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () I LEE, BILL 4326 GULF BRE GULF BREEZE,		Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition LEE, BILL 4326 GULF BREEZE PARKWAY GULF BREEZE, FL	
Title: Name: Address: City-St-Zip:	PD () I CHENEY, SHAIN 2410 W. 9 MILE PENSACOLA, FL	ROAD	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition CHENEY, SHAIN 2410 W. 9 MILE ROAD PENSACOLA, FL 32534	
Fitle: Name: Address: City-St-Zip:	STD () I JOHNSON, DON, 3310 MCLEMOR PENSACOLA, FL	E DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E BROWN, LEE 10200 COVE AV PENSACOLA, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ()[ DAVIS, BILL 8782 PAUL STAF PENSACOLA, FL		Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition DAVIS, BILL 8782 PAUL STARR DRIVE PENSACOLA, FL	
l hereby ce	rtify that the info	ormation supplied with this filing does	not qualify 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: DONATHAN JOHNSON STD 03/03/2009