

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005296

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** THE WASHINGTON IMPROVEMENT GROUP, INC.

**Current Principal Place of Business:**

401 PETERS STREET  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 754  
PORT ST. JOE, FL 32457 US

**New Mailing Address:**

**FEI Number:** 59-3194254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIELDS, EDDIE C  
105 BATTLE STREET  
PORT SAINT JOE, FL 32456 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: P  
Name: FIELDS, EDDIE C  
Address: 105 BATTLE STREET  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V  
Name: WELCH, TAMMY  
Address: 102 N. GARRISON AVE.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: S  
Name: PATTEN, VIVIAN  
Address: 165 ROBBINS AVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: T  
Name: WHITE, CHRISTINE  
Address: 140 ROBBINS AVE  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: BM  
Name: BAXTER, BARBARA  
Address: 109 APOLLO STREET  
City-St-Zip: PORT ST. JOE, FL 32456

Title: BM  
Name: BYRD, LOIS  
Address: 280 AVE D  
City-St-Zip: PORT ST JOE, FL 32456

I hereby 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 all other like empowered.

SIGNATURE: EDDIE C FIELDS

P

01/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date