2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006
Secretary of State

DOCUMENT# N94000004106

Entity Name: THE WESLEY FOUNDATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2508 ECLIPSE LANE
PENSACOLA, FL 32514

New Principal Place of Business:

5725 N. 9TH AVENUE
PENSACOLA, FL 32504

Current Mailing Address:

P.O. BOX 10934
PENSACOLA, FL 32524

New Mailing Address:

FEI Number: 59-2991537 **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:

POPE, KAREN P
4340 COSTA MESA
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

POPE, KAREN P
4340 COSTA MESA
PENSACOLA, FL 32504 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: _____ 09/08/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COOK, CHRIS REV
Address: 7300 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: BUSH, DEBBIE MRS
Address: 173 OVERLOOK DR.
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: GANTZHORN, ALAN REV
Address: PO BOX 66
City-St-Zip: PENSACOLA, FL 32533

Title: T ( ) Delete
Name: POPE, KAREN T MRS
Address: 4340 COSTA MESA
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: WENTWORTH, HELEN MRS
Address: 8380 N PALAFOX
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: WORTH, STUART REV
Address: 5725 N 9TH AVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: KAREN T.. POPE T 09/08/2006
Electronic Signature of Signing Officer or Director — Date