

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004106

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

5725 N. 9TH AVENUE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5725 N. 9TH AVENUE
PENSACOLA, FL 32504

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 T
4340 COSTA MESA
PENSACOLA, FL 32504 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 () Delete
Name: PEMENT, JEFFREY K
Address: 1394 E, NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

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: BAILEY, ROBERT REV.
Address: 5725 N 9TH AVE.
City-St-Zip: PENSACOLA, FL 32504

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 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

TREA

05/01/2009

Electronic Signature of Signing Officer or Director

Date