FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004310 (8)

1. Corporation Name
THE NORTHWEST FLORIDA PLANNED GIVING COUNCIL, IN C.

Principal Place of Business	Mailing Address
1201 EGLIN PARKWAY SHALIMAR FL 32579	1201 EGLIN PARKWAY SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1450	26 P.O. Box 1450
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Walton Beach, FL	City & State 28 Ft. Walton Beach, FL
Zip 24 32549-1450 Country 25 USA	Zip 29 32549-1450 Country 30 USA

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLEET, H. BART 1201 EGLIN PARKWAY SHALIMAR FL 32579	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TIMBERLAKE, STEPHEN G	12 NAME	
STREET ADDRESS	POST OFFICE BOX 12790 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32575	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	T ☑ Change ☐ Addition
NAME	COLETTA, ROBERT P	22 NAME	Larry E. Reeder, CPA
STREET ADDRESS	100 MAIN STREET	23 STREET ADDRESS	24 Walter Martin Drive
CITY-ST-ZIP	DESTIN FL 32541	24 CITY-ST-ZIP	Ft. Walton Beach, FL 32548
TITLE	D	31 TITLE	P ☑ Change ☐ Addition
NAME	ROBINSON, BILL	32 NAME	William M. Robinson
STREET ADDRESS	107-B TUPELO AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	COMMINS, ERNIE	42 NAME	
STREET ADDRESS	4400 BAYOU BLVD., SUITE 32-B	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32570	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	S ☑ Change ☑ Addition
NAME	FLEET, H. BART	52 NAME	Jean Van Bergen
STREET ADDRESS	1201 EGLIN PARKWAY	53 STREET ADDRESS	2809 ~~Ben~~ Hogan Court
CITY-ST-ZIP	SHALIMAR FL 32579	54 CITY-ST-ZIP	Shalimar, FL 32579
TITLE	D	61 TITLE	V ☑ Change ☑ Addition
NAME	WEIDENBUSH, ALBERT	62 NAME	Roger P. Murray
STREET ADDRESS	1460 OAKMONT PLACE	63 STREET ADDRESS	Box 33104 - Bldg. 3465
CITY-ST-ZIP	NICEVILLE FL 32578	64 CITY-ST-ZIP	NAS Pensacola, FL 32508-3104

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Van Berg 05-01-95 904-651-2686
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Jean Van Bergen, Secretary

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