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May 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004310 (8)

1. Corporation Name

THE NORTHWEST FLORIDA PLANNED GIVING COUNCIL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1450
FT. WALTON BCH FL 32549-1450
US

P.O. BOX 1450
FT WALTON BCH FL 32549-1450
US



3. Date Incorporated or Qualified

08/29/1994

3a. Date of Last Report

03/11/1996

4. FEI Number

59-3268459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TIMBERLAKE, STEPHEN G
STREET ADDRESS POST OFFICE BOX 12790 N/A
CITY-ST-ZIP PENSACOLA FL 32575

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T
NAME REEDER, LARRY E CPA
STREET ADDRESS 24 WALTER MARTIN DRIVE
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME ROBINSON, WILLIAM M
STREET ADDRESS 107-B TUPELO AVENUE
CITY-ST-ZIP FORT WALTON BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME COMINS, ERNIE
STREET ADDRESS 4400 BAYOU BLVD., SUITE 32-B
CITY-ST-ZIP PENSACOLA FL 32570

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME BERGEN, JEAN V
STREET ADDRESS 2809 BEN HOGAN CT
CITY-ST-ZIP SHALIMAR FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME MURRAY, ROGER P
STREET ADDRESS BX 33104-BLDG 3465
CITY-ST-ZIP NAS PENSACOLA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074068

CR2E037 (9/96)