FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION , ^¹ANNUĂL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B: Morthaim

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N94000004310 (8)

THE NORTHWEST FLORIDA PLANNED GIVING COUNCIL, IN

Principal Place of Business Mailing Address P.O. BOX 1450 P.O. BOX 1450 FT WALTON BCH FL 32549-1450 FT. WALTON BCH FL 32549-1450

FILED Apr 06 1998 8:00am Secretary of State

Applied For

Not Applicable

3. Date Incorporated or Qualified

08/29/1994

E0-33684E0

								00 000000			
2. Principal	Principal Place of Business			2a. Mailing Address				5. Certificate of Status Desired	38.75 A		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State			City & State					7. Is this nonprofit corporation a homeowners association?			
Zip 24	25	Country	Zip	, · —				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
		d Address of Current		gent	T-		·	10. Name and Address of New Regis	tered Agent		
						81 Name					
FLEET, H. BART						82 Street Address (P.O. Box Number is Not Acceptable)					
1201 EGLIN PARKWAY					1						
	MAR FL 32579		83								
OUNTIMAN LE DEDIA					L						
							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 OFFICER	IS AND DIRECTOR	S IN 12	
TITLE	D			DELETE	1.1 TITL	.E	P		A Change	Addition	
NAME	TIMBERI AI	KE, STEPHEN G			1.2 NAA	J¢	J⁴	me× P. Chitwood			
BOOT OFFICE BOY 46766 AND						1.3 STREET ADDRESS 1		On College Boulevard	-		
STREET ADDRES	05104001451 00575						NT-	iceville, FL 32578	•		
CITY-ST-ZIP	PENSACO	LA FL 323/3	·		1.4 CIT					1 1 2 2 2 2 2 2 2 2	
TITLE	T			☐ DELETE	2.1 TITL	.E	D		Change (پچا	Addition	
NAME	Reeder, I	ARRY E CPA			2.2 NAM	4E	Cł	nristine Isham			
STREET ADDRES	ET ADDRESS 24 WALTER MARTIN DRIVE			2.3 \$		2.3 STREET ADDRESS 1.2		1221 W. Lakeview Avenue			
CITY-ST-2IP	FT. WALTO	ON BEACH FL			2.4 CIT	Y-ST-		ensacola, FL 32501 —			
TITLE	P			DELETE	3.1 TITL	.E	D T	sasacoia, FB 32301 -	Change	☐ Addition	
NAME	ROBINSON	I, WILLIAM M			3.2 NAA	dE.	Pa	t Howe			
STREET ADDRES	44-6-46	ELO AVENUE				-	OORESS 1 1	000 Undergrades Parkers		l	
CITY-ST-ZIP		TON BEACH FL			3.4. CIT		719 10 -	nsacola, FL 32514-575	n'	l	
TITLE	D			DELETE	4.1 TITL		D D	прасота, гр32314-3/3	Change	☐ Addition	
NAME	COMMINS	FRNIF			4.2 NA		-	an Sisneros	-		
		, eninc Du Blyd., Suite 32	a.	•							
STREET ADDRES		DO BLAD., SOME 32 LA FL 32570					707K00 D 1	5-B Beal Parkway rt <u>Walton</u> Beach, FL 3	0510		
CITY-ST-ZIP	PENSAUU	LA FL 32310		DELETE	4.4 CIT		<u> </u>	rt walton Beach, FL 3	2548 X Change	Addition	
TITLE	9	MEALI M		C DELETE	5.1 † ITI		15	•	-v ollkinge		
NAME	BERGEN,				5.2 NA)			H. Bolton		ŀ	
STREET ADDRES				5.3 STA	5.3 STREET ADDRESS $ {f P} $		P.O. Box 1864 N/A				
CITY-ST-ZIP	SHALIMAR	FL			5.4 CIT		ZIP FO	rt Walton Beach, FL 3	2549-1864	<u>. </u>	
TITLE	V			DELETE	6.1 TiTI	LE	1-0			☐ Addition	
KAME	MURRAY,	ROGER P			6.2 NAI	ME					
STREET ADDRES		BLDG 3465			6.3 STR	EET AL	DDRESS			ļ	
CITY-ST-Z#P		ACOLA FL			6.4 CIT	Y-ST-	ZIP			1	
14. I hereb	y certify that the li	nformation supplied wi	h this filing do	es not qualify fo				Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the	information	

unusated 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 antrustee 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 or an attachment with an address.

SIGNATURE:

1/29/98

(850) 729-5357