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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004310

1. Corporation Name

**THE NORTHWEST FLORIDA PLANNED GIVING COUNCIL, IN
C.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/29/1994

4. FEI Number

59-3268459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**FLEET, H. BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CHITWOOD, JAMES P**
CITY-ST-ZIP **100 COLLEGE BOULEVARD
NICEVILLE FL 32578**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ISHAM, CHRISTIN**
CITY-ST-ZIP **1221 W LAKEVIEW AVENUE
PENSACOLA FL 32501**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **HOWE, PAT**
CITY-ST-ZIP **1100 UNIVERSITY PARKWAY
PENSACOLA FL 32514-5750**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SISNEROS, JOAN**
CITY-ST-ZIP **815-B BEAL PARKWAY
FORT WALTON BEACH FL 32548**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BOLTON, C.H.**
CITY-ST-ZIP **PO BOX 1684 N/A
FORT WALTON BEACH FL 32549-1864**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 1999

(850) 729-5357

Date

Daytime Phone #

CR2E037 (1/98)