2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jul 05, 2000 8:00 am
Secretary of State
05-31-2000 90013 031 ****61.25

DOCUMENT # N94000004310

1. Entity Name

THE NORTHWEST FLORIDA PLANNED GIVING COUNCIL, IN

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3268459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLEET, H. BART 1201 EGLIN PARKWAY SHALIMAR FL 32579	Name: SISNEROS, JOAN Street Address (P.O. Box Number is Not Acceptable): SUNBANKS TRUST CO. 815-B BEAL PKWY N.W. City: FT. WALTON BEACH FL Zip Code: 32548

8. 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: Joan Sisneros JOAN SISNEROS, TREASURER 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHITWOOD, JAMES P 100 COLLEGE BOULEVARD NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR CHITWOOD, JAMES 100 COLLEGE BLVD NICEVILLE, FL 32578	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISHAM, CHRISTINE 1221 W LAKEVIEW AVENEU PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT ISHAM, CHRISTINE 1221 W. LAKEVIEW AVE. PENSACOLA, FL 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SISNEROS, JOAN 815-B BEAL PARKWAY N.W. FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER, DIRECTOR SISNEROS, JOAN 815-B BEAL PKWY N.W. FT. WALTON BEACH, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLTON, C.H. PO BOX 1684 N/A FORT WALTON BEACH FL 32549-1864	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SECRETARY, DIRECTOR SIMON, WENDY P.O. BOX 12790 PENSACOLA, FL 32575	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MURRAY, ROGER P BX 33104-BLDG 3465 NAS PENSACOLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VICE PRESIDENT, VICE PRES. HELMICH, KEVIN P.O. BOX 5499 DESTIN, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQ CHRISTINE Isham, PRESIDENT 4/27/00 850-469-3982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #