

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90182 027 ****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

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

**SISNEROS, JOAN
 SYNOWAS TRUST CO.
 815-B BEAL PKWY NW
 FORT WALTON BEACH FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
**P, D
 Kevin M. Helmich
 P.O. Box 5449
 Destin, Florida 32540** ☒ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V, D
 Wendy Simon
 P.O. Box 510
 Pensacola, FL 32501** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Secretary, D
 Martha Lee Blodgett
 11000 University Parkway
 Pensacola, FL 32514** ☐ 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
☐ 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
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin M. Helmich

Date

Daytime Phone #

01-09-01 (850) 450-4747

CR2E037 (10/00)