

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004310

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE NORTHWEST FLORIDA PLANNED GIVING COUNCIL, INC.

**Current Principal Place of Business:**

C/O JAMES CHITWOOD  
100 COLLEGE BLVD.  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PATRICE S. WHITTEN  
1000 COLLEGE BLVD.  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 59-3268459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAVENS, JASON E  
4400 EAST HWY. 20  
SUITE 211  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHITTEN, PATRICE S  
Address: 1000 COLLEGE BLVD.  
City-St-Zip: PENSACOLA, FL 32504

Title: VD ( ) Delete  
Name: HAVENS, JASON E  
Address: 4400 E. HWY. 20, SUITE 211  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: BENNETT, NITSI  
Address: 99 EGLIN PKWY. STE. 11  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD ( ) Delete  
Name: CHITWOOD, JAMES  
Address: 100 COLLEGE BLVD.  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D ( ) Delete  
Name: MAZUR, MARGIE  
Address: 5230 W. HWY. 98  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: ROBINSON, BILL  
Address: 112 SE TUPELO AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICE WHITTEN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date