

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005972

1. Entity Name

THE NIGHTINGALE MANOR BLOCK L ASSOCIATION, INC.



Principal Place of Business

150 KEVIN DRIVE
GULF BREEZE FL 32561

Mailing Address

150 KEVIN DRIVE
GULF BREEZE FL 32561

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

59-3289462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUER, JEFFREY T
510 E ZARAGOZA ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: KANYON, STEPHANIE
STREET ADDRESS: 148 REVIN DR
CITY- ST- ZIP: GULF BREEZE FL 32561

TITLE: ☐ Delete
NAME: WILKS, NAOMA C
STREET ADDRESS: 150 KEVIN DR
CITY- ST- ZIP: GULF BREEZE FL 32561-4365

TITLE: ☐ Delete
NAME: WILKS, JACK N
STREET ADDRESS: 150 KEVIN DR
CITY- ST- ZIP: GULF BREEZE FL

TITLE: ☐ Delete
NAME: SAVAGE, BETTY
STREET ADDRESS: 140 KEVIN DRIVE
CITY- ST- ZIP: GULF BREEZE FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:
U000000034063
02/05/04-80067-021 61.25

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

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CITY- ST- ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Betty Savage* Sec. 1/31/04 850-934-6752