

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000452

FILED
Jan 08, 2007
Secretary of State

Entity Name: NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.

Current Principal Place of Business:

14114 ALABAMA ST
JAY, FL 32565

New Principal Place of Business:

4413 U.S. HWY 331 SOUTH
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

14114 ALABAMA ST
JAY, FL 32565

New Mailing Address:

FEI Number: 59-3308216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, MICHAEL
14114 ALABAMA ST
JAY, FL 32565 US

Name and Address of New Registered Agent:

HUTCHINS, MICHAEL T
14114 ALABAMA ST
JAY, FL 32565 US

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: MICHAEL T HUTCHINS

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALTER, DON
Address: 6865 CAROLINE ST
City-St-Zip: MILTON, FL 32570

Title: P () Delete
Name: SMITH, DAVID
Address: 14114 ALABAMA ST
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: HUTCHINS, MICHAEL
Address: 14114 ALABAMA ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TA () Delete
Name: ROWLAND, THOMAS
Address: 4955 ALABAMA STREET
City-St-Zip: JAY, FL 32565

Title: SD () Delete
Name: CAMPBELL, CLAY
Address: 3425 HWY 4
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: HUTCHINS, MICHAEL T
Address: 14114 ALABAMA ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: TA (X) Change () Addition
Name: WESTMORELAND, DAYLE
Address: 4955 ALABAMA STREET
City-St-Zip: JAY, FL 32565

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MITCHAEAL T HUTCHINS

VP

01/08/2007

Electronic Signature of Signing Officer or Director

Date