

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000452**

1. Entity Name  
**NORTHWEST FLORIDA RURAL HEALTH NETWORK, INC.**



Principal Place of Business  
**4413 U.S. HWY 331 SOUTH  
DEFUNIAK SPRINGS, FL 32435**

Mailing Address  
**14114 ALABAMA ST  
JAY, FL 32565**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3308216**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SALTER, DON
STREET ADDRESS	6865 CAROLINE ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	P
NAME	SMITH, DAVID
STREET ADDRESS	14114 ALABAMA ST
CITY-ST-ZIP	JAY, FL 32565
TITLE	V
NAME	HUTCHINS, MICHAEL T
STREET ADDRESS	14114 ALABAMA ST
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	TA
NAME	WESTMORELAND, DAYLE
STREET ADDRESS	4955 ALABAMA STREET
CITY-ST-ZIP	JAY, FL 32565
TITLE	SD
NAME	CAMPBELL, CLAY
STREET ADDRESS	3425 HWY 4
CITY-ST-ZIP	JAY, FL 32565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000822753  
02/20/08-80011-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Michael T. Hutchins* **Michael T. Hutchins** 850-675-8018

Date

Daytime Phone #

2/6/08