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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005614 (1)**

1. Corporation Name

**FAITH IN ACTION IN NORTHWEST FLORIDA, INC.**

Principal Place of Business

**125 W. ROMANA STRET STE 222  
PENSACOLA FL 32501**

Mailing Address

**125 W. ROMANA STRET STE 222  
PENSACOLA FL 32501-5849**

3. Date Incorporated or Qualified  
**11/28/1995**

3a. Date of Last Report  
**04/02/1996**

2. Principal Place of Business

**21 816 N. Palafox St.**

2a. Mailing Address

**26 P.O. Box 12625**

4. FEI Number  
**59-3355049**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

**23 Pensacola, FL 32504**

City & State

**28 Pensacola, FL 32574**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

Zip

**24 32501**

Country

**25 ESCAMBIA**

Zip

**29 32574**

Country

**30 ESCAMBIA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOZIER, DANIEL R  
125 W. ROMANA STRET STE 222  
PENSACOLA FL 32501**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **PETERSON, PHILLIP M**  
STREET ADDRESS **2783 COTTONWOOD LANE**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE

NAME **BELL, REED DR.**  
STREET ADDRESS **5177 NORTH 9TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **T** ☐ DELETE

NAME **ZACHOW, J O**  
STREET ADDRESS **1800 E STRONG ST**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☐ DELETE

NAME **WALLACE, JUDITH**  
STREET ADDRESS **6500-B PENSACOLA BLVD**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE

NAME **KNEE, DALE**  
STREET ADDRESS **2001 NO. PALAFOX STREET**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ DELETE

NAME **MAY, ROBIN**  
STREET ADDRESS **2011 HALLMARK DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition

1.2 NAME **FRANA, DIANA**  
1.3 STREET ADDRESS **8901 COLONY RIDGE CIR**  
1.4 CITY-ST-ZIP **NAVARRE, FL 32566**

2.1 TITLE **P/D** ☒ Change ☐ Addition

2.2 NAME **GATSON, J. O.**  
2.3 STREET ADDRESS **1947 JOSHUA DRIVE**  
2.4 CITY-ST-ZIP **CANTONMENT, FL 32533**

3.1 TITLE **T/D** ☒ Change ☐ Addition

3.2 NAME **GATSON, GLORIA**  
3.3 STREET ADDRESS **1947 JOSHUA DRIVE**  
3.4 CITY-ST-ZIP **CANTONMENT, FL 32533**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gloria W. Gatson* **GLORIA W. GATSON** 4/29/97

CR2E037 (9/96)