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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003085 (5)**

1. Corporation Name

**NORTHWEST FLORIDA ECONOMIC DEVELOPMENT COALITION
, INC.**

Principal Place of Business

Mailing Address

PO BOX 1151
500 BAY FRONT PKY
PENSACOLA FL 32520
US

P O BOX 457
CHIPLEY FL 32428

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

59-3404738

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **ONE Energy Place**

25 Suite, Apt. #, etc.

22

27

City & State

City & State

23 **PENSACOLA**

28

Zip

Zip

24 **32520-0131**

29

Country

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIS, O. L. JR
1297 FAIRWAY DR
CHIPLEY FL 32428**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
DAVID GOETSCH
1170 MARTIN LUTHER KING BLVD-BLD 7
FORT WALTON BCH FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD
JOHN F DOUGHERTY III
904 MAIN ST
CHIPLEY FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
O.L. ELLIS JR
885 7TH ST
CHIPLEY FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**PD
Carroll Kemp**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**TD
THOMAS L POWELL
908 H. S. HWY 90 N.
DAFUNKLE SPRING FL 32433**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**PD
Carroll Kemp
100 MAIN ST.
DECHIN FL 32540**

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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:

John F. Dougherty III

April 9, 1998

850-638-7615

CR2E037 (10/97)