

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90002 011 \*\*\*\*61.25

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1. Corporation Name

NORTHWEST FLORIDA ECONOMIC DEVELOPMENT COALITION  
, INC.

Principal Place of Business  
ONE ENERGY PLACE  
PENSACOLA FL 32520-0231  
US

Mailing Address  
P O BOX 457  
CHIPLEY FL 32428



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/11/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3404738	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	PD	1.1 TITLE	PD
NAME	KEMP, CARROLL	1.2 NAME	MIKE SAXON
STREET ADDRESS	100 MAIN STREET	1.3 STREET ADDRESS	ONE ENERGY PLACE
CITY-ST-ZIP	DESTIN FL 32540	1.4 CITY-ST-ZIP	PENSACOLA, FL 32520-0231
TITLE	TD	2.1 TITLE	
NAME	JOHN F DOUGHERTY III	2.2 NAME	
STREET ADDRESS	904 MAIN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	O.L. ELLIS JR	3.2 NAME	TOMMY MC DONALD
STREET ADDRESS	685 7TH ST	3.3 STREET ADDRESS	685 7TH ST
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	SD	4.1 TITLE	D
NAME	POWELL, THOMAS L.	4.2 NAME	
STREET ADDRESS	908 US HWY 90 N	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32540	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	MICHAEL FREY
STREET ADDRESS		5.3 STREET ADDRESS	117 W. GARDEN ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PENSACOLA 32593-0550
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE

JOHN F DOUGHERTY III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

850-638-7615

Date

Daytime Phone #

CR2E037 (11/98)