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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006415 (0)**

1. Corporation Name

THE DOWN SYNDROME ASSOCIATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**5589 SUNKIST CIRCLE
PACE FL 32571**

**5589 SUNKIST CIRCLE
PACE FL 32571**

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

59-3475988

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEATH, JOLEEN
5589 SUNKIST CIRCLE
PACE FL 32571**

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 **PD** ☐ DELETE

NAME **HEATH, JOLEEN**
STREET ADDRESS **5589 SUNKIST CIRCLE**
CITY-ST-ZIP **PACE FL 32571**

TITLE **VD** ☐ DELETE

NAME **BARRECA, MICHELLE**
STREET ADDRESS **2000 W MICHIGAN AVE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **STD** ☐ DELETE

NAME **HEATH, GENE**
STREET ADDRESS **5589 SUNKIST CIRCLE**
CITY-ST-ZIP **PACE FL 32571**

TITLE **D** ☐ DELETE

NAME **BARRECA, FRANK**
STREET ADDRESS **2000 W MICHIGAN AVE**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME **BARRECA, MICHELLE**
1.3 STREET ADDRESS **647 PETTEY COURT**
1.4 CITY-ST-ZIP **PENSACOLA, FL 32508**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **BARRECA, FRANK**
2.3 STREET ADDRESS **647 PETTEY COURT**
2.4 CITY-ST-ZIP **PENSACOLA, FL 32508**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **GAIL FROEMMING**
3.3 STREET ADDRESS **10062 HUNTSMAN PATH**
3.4 CITY-ST-ZIP **PENSACOLA, FL 32514**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **SHELLEY RUPERT**
4.3 STREET ADDRESS **4394 LIFA AVE**
4.4 CITY-ST-ZIP **PACE, FL 32571**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **TANYA WILBY**
5.3 STREET ADDRESS **9614 SUNNYSIDE BLVD**
5.4 CITY-ST-ZIP **PENSACOLA, FL 32514**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **DIANE INGOLDSTAD**
6.3 STREET ADDRESS **7715 LAND RD**
6.4 CITY-ST-ZIP **MILTON, FL 32570**

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:

[Signature]

[Signature]

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