

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90115 033 ****61.25

DOCUMENT # N97000006415

1. Corporation Name

THE DOWN SYNDROME ASSOCIATION OF NORTHWEST FLORIDA, INC.

Principal Place of Business

5589 SUNKIST CIRCLE
PACE FL 32571

Mailing Address

5589 SUNKIST CIRCLE
PACE FL 32571



2. Principal Place of Business

21 **P.O. Box 10698**

Suite, Apt. #, etc.

22

City & State

23 **Pensacola, Florida**

Zip Country

24 **32524-0698** 25 **U.S.**

2a. Mailing Address

26 **P.O. Box 10698**

Suite, Apt. #, etc.

27

City & State

28 **Pensacola, Florida**

Zip Country

29 **32524-0698** 30 **U.S.**

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

59-3475988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HEATH, JOLEEN
5589 SUNKIST CIRCLE
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name **James Taylor-Attorney at Law**
82 Street Address (P.O. Box Number is Not Acceptable)
4300 Bayou Blvd.
83 **Suite 16**
84 City **Pensacola** FL 85 Zip Code **32503**

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)

James Taylor

4/5/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD BARRECA, MICHELLE**
STREET ADDRESS **647 PETTRY COURT**
CITY-ST-ZIP **PENSACOLA FL 32508**

TITLE ☐ DELETE
NAME **D BARRECA, FRANK**
STREET ADDRESS **647 PETEY COURT**
CITY-ST-ZIP **PENSACOLA FL 32508**

TITLE ☐ DELETE
NAME **D FROEMMING, GAIL**
STREET ADDRESS **10062 HUNTSMAN PATH**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ DELETE
NAME **D SHELLEY, RUPERT**
STREET ADDRESS **4394 LIFA LANE**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ DELETE
NAME **D WILEY, TANYA**
STREET ADDRESS **9614 SUNNGHANNA BLVD**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ DELETE
NAME **D INGOLDSTAD, DIANE**
STREET ADDRESS **7715 LAND RD**
CITY-ST-ZIP **MILTON FL 32570**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Barreca, Michelle**
1.3 STREET ADDRESS **838 Christy Court**
1.4 CITY-ST-ZIP **Pensacola, FL. 32508**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Barreca, Frank**
2.3 STREET ADDRESS **838 Christy Court**
2.4 CITY-ST-ZIP **Pensacola, FL. 32508**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **Groves, Jennifer**
3.3 STREET ADDRESS **611 Lakeshore Dr.**
3.4 CITY-ST-ZIP **Milton, FL. 32570**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **Waters, Michelle**
4.3 STREET ADDRESS **5341 Crystal Creek Drive**
4.4 CITY-ST-ZIP **Pace, FL 32571**

5.1 TITLE **V** ☐ Change ☒ Addition
5.2 NAME **Mitchell, Joan**
5.3 STREET ADDRESS **2324 Greenwell Court**
5.4 CITY-ST-ZIP **Pensacola, FL. 32526**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Duval, Deena**
6.3 STREET ADDRESS **3523 Redoubt Road**
6.4 CITY-ST-ZIP **Pensacola, FL. 32508-1010**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Groves 4-12-99 (850) 623-9770

Date

Daytime Phone #

CR2E037 (11/98)

0078419