

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006415

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE DOWN SYNDROME ASSOCIATION OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

2703 BURLWOOD DR.
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

PO BOX 573
BAGDAD, FL 32530

New Mailing Address:

FEI Number: 59-3475988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, JAMES
4300 BAYOU BLVD
STE 16
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUNN, ANGELA K
Address: 2703 BURLWOOD DR.
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: WATKINS, JOYCE
Address: 5462 SHAMROCK ST.
City-St-Zip: MILTON, FL 32570

Title: ST () Delete
Name: LEWALLEN, RENA
Address: 8816 CHICKAMAUGA
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: CHEREK, JOHANNAH
Address: 4435 NW BAKER RD.
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: FONTANELLA, AGNES
Address: 53 CONCORD ST.
City-St-Zip: DUMONT, NJ 07628

Title: D () Delete
Name: ABEL, CHARLES O III
Address: 2703 BURLWOOD DR
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA DUNN

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date