


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006464 1. Entity Name NORTHWEST FLORIDA OFFICIALS ASSOCIATION, INC.	
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Principal Place of Business 4870 ROOKS DRIVE MARIANNA FL 32446	Mailing Address 4870 ROOKS DRIVE MARIANNA FL 32446
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 59-3032109	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent KELLY, GERALD A JR 4870 ROOKS DRIVE MARIANNA FL 32446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete P KELLY, GERALD A JR 4870 ROOKS DRIVE MARIANNA FL 32446	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000886657 04/18/08-80067-009 61.25
NAME	HEWITT, TIMOTHY	NAME	
STREET ADDRESS	5265 FORT RD	STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD FL 32443	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POREP, ART	NAME	
STREET ADDRESS	2929 WILDWOOD CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32448	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCLOTH, JEFF	NAME	
STREET ADDRESS	2043 CEMETARY AVE	STREET ADDRESS	
CITY-ST-ZIP	SNEADS FL 32460	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABARDY, CHARLY	NAME	
STREET ADDRESS	121 HICKORY ST	STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKETT, REID	NAME	
STREET ADDRESS	3192 DIANA LANE APT A	STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/7/08 850-718-6700