## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006464

FILED Apr 30, 2009 Secretary of State

Entity Name: NORTHWEST FLORIDA OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DKS DRIVE IA, FL 32446				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	KS DRIVE				
MARIANN	IA, FL 32446				
FEI Number	: 59-3032109	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	ERALD A JR				
	DKS DRIVE IA, FL 32446	US			
SIGNATU		c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P () KELLY, GERALI 4870 ROOKS D MARIANNA, FL	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: Dity-St-Zip:	T () HEWITT, TIMOT 5265 FORT RD GREENWOOD,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
		Delete	Title:	( ) Change ( ) Addition	
lame: \ddress:	POREP, ART 2929 WILDWOO MARIANNA, FL		Name: Address: City-St-Zip:		
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	2929 WILDWOO MARIANNA, FL V () FAIRCLOTH, JE 2043 CEMETAR	32448 Delete FF Y AVE	Address:	()Change ()Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	2929 WILDWOO MARIANNA, FL V ( ) FAIRCLOTH, JE 2043 CEMETAR SNEADS, FL 32	32448 Delete FF Y AVE 2460 Delete RLY	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: GERALD KELLY PRES 04/30/2009