

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046229

FILED
Feb 08, 2007
Secretary of State

Entity Name: CHB OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

4400 BAYOU BLVD #4A
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2172
PENSACOLA, FL 32513

New Mailing Address:

4400 BAYOU BLVD STE 4A
PENSACOLA, FL 32503

FEI Number: 59-3645712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT ST
PENSACOLA, FL 32502 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROGERS, MILTON C
Address: P.O. BOX 2172 N/A
City-St-Zip: PENSACOLA, FL 32513

Title: P () Delete
Name: PORTER, MARK E
Address: 3694 SCENIC HWAY
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: LADNER, IRENE F
Address: 7634 BROOK FOREST DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: V () Delete
Name: HOLCOMB, JEFFREY S
Address: 1002 E TEN MILE RD
City-St-Zip: PENSACOLA, FL 32514

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E. PORTER

P

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date