

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # S21968**

1. Entity Name  
**NORTHWEST FLORIDA MANAGEMENT CORPORATION**



Principal Place of Business  
**7589 HIGHWAY 98 WEST  
PENSACOLA, FL 32506 US**

Mailing Address  
**P. O. BOX 3280  
PENSACOLA, FL 32516 US**



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3044643**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDREWS, JOANNE F  
7589 HWY 98 WEST  
PENSACOLA, FL 32506**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000793886  
01/25/08-80028-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ANDREWS, JOANNE F  
STREET ADDRESS 3551 BEACH HAVEN COVE DRIVE  
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE VD  
NAME FANNING, CLIFFORD E.  
STREET ADDRESS 333 S. 61ST AVE., #1  
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOANNE F. ANDREWS**

**1-22-08**

Date

**850-456-6676**

Daytime Phone #