

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S21968

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** NORTHWEST FLORIDA MANAGEMENT CORPORATION

**Current Principal Place of Business:**

7589 HIGHWAY 98 WEST  
PENSACOLA, FL 32506 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 3280  
PENSACOLA, FL 32516 US

**New Mailing Address:**

**FEI Number:** 59-3044643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDREWS, JOANNE F  
7589 HWY 98 WEST  
PENSACOLA, FL 32506 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:** PD  
**Name:** ANDREWS, JOANNE F  
**Address:** 3551 BEACH HAVEN COVE DRIVE  
**City-St-Zip:** PENSACOLA, FL 32507

**Title:** VD  
**Name:** FANNING, CLIFFORD E  
**Address:** 333 S. 61ST AVE., #1  
**City-St-Zip:** PENSACOLA, FL 32506

I hereby 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 all other like empowered.

**SIGNATURE:** JOANNE F ANDREWS

PD

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date