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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$90863

(9)

NEW WORLD VENTURE OF NORTHWEST FLORIDA, INC.

| Principat Plac | e of Business | Mailing Address | | | ······································ | E INDUINIA IND INDIA DENAL MINIT DINA DA MAL | IANA BIDA UUU | I ALDII ASSI | EIRII IBBI |
|--|---|--|-----------------------------|----------------------------|--|--|---------------------------------------|-------------------------|----------------------------|
| 600 S PALAFOX STREET PENSACOLA FL 32501 | | 600 S PALAFOX STREET PENSACOLA FL 32501-5934 | | | | | | | |
| | | | | | · | 3. Date Incorporated or Qualified 10/30/1991 | 3a. Date 06/21 | | eport |
| 2. Principal f | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | plied For |
| 21 | 2 | | | | | 59-3089764 | | | t Applicable |
| Suite, Apt 22 | 2 | | | | | 5. Certificate of Status Desired | | Fee Re | |
| City & Stat | | City & State | | | | 6. Election Campaign Financing | m | \$5.00 | |
| 23 | Country | 8 | Cour | ntry | | Trust Fund Contribution | | Added t | |
| 24] | 25 2 | · · · · · · · · · · · · · · · · · · · | 30 | | | B. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes Yes No | | | |
| | 9, Name and Address of Current Re | | | | 10. Name and Address of New Registered Agent | | | | |
| MC | GRAW, ARTICE L. | | | 81 | Name | | | | |
| | NORTH PALAFOX STREET | | } | 82 | Street Add | ress (P.O. Box Number is Not Acceptable | ٠ | | |
| PEN | ISACOLA FL 32501 | | | 0. | otreet Add | reas (1.0. box nomber is not Apocphabi | 0, | | |
| _ | | | Ī | 83 | | | | | |
| | | | ļ | 84 | City | | FL | 85 Zip (| Code |
| o⁴fice or | to the provisions of Sections 607,0502 and registered agent, or both, in the State of Fl rm familiar with, and accept the obligations | orida. Such change was | authorized | d by t | named corp he corpora | poration submits this statement for the pition's board of directors. I hereby accep | roose of ch | nanging it itment as | s registered registered |
| OICH YFY OIL | Signature: (gent or printed name of registered agent and | title it applicable. (NC | | lnegA t | signalure requ | red when reinstating) | DATE | | |
| 12. | OFFICERS AND DIF | | 13. | | ······································ | ADDITIONS/CHANGES TO OFFICE | | | |
| TITLE | PD | L_) DELETE | 1.1 T)T | | ļ | | L. | J Change | Addition |
| MANE | BACHUS, JAMES H. | | 1.2 NA | | | | | | |
| STREET ADDRESS | 1290 TECUMSEH TRAIL | | | | DDRESS | | | | |
| CHY-ST-ZIP | PENSACOLA FL SVT | DELETE | 1.4 CIT | | ZIP | | | Change | Addition |
| TIFLE | WILLIAMS, HAROLD DEWAYNE | | 2.1 TIT | | | | | 1 Oriente | [] Modern |
| NAME | 1290 TECUMSEH TRAIL | | 2.2 NA | | | | | | |
| STREET ADDRESS | PENSACOLA FL | | | | DORESS | | | | |
| CHY-S1-7iP Tilef | D | DELETE | | 2 4 CITY-ST-1 3 1 TITLE | | | | Change | Addition |
| NAME | WILLIAMS, HAROLD DEWAYNE | | 32 NA | | | | | | _ |
| STREET ADDRESS | 1290 TECUMSEH TRAIL | | 33 ST | REET A | DORESS | | | | |
| CHIY-SI-ZP | PENSACOLA FL | | 3.4. Cf | fty-st | -ZIP | | | | · |
| FIFE | | DELETE | 4 1 TJT | TLE | | | L. | Change | Addition |
| NAME | | | 4 2 N | AME | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET A | DDRESS | | | | |
| CITY-S1-ZiF | | | | TY-ST | -ZIP | | | 4 | Park |
| To Telef | | ☐ DELETE | 5.1 TIT | | | | L. |] Change | Addition |
| NAME | | | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | | DDRESS | | | | |
| CHY-ST-ZIP | | DELETE | | TY-ST- | ZIP | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| TITLE | | F" DECEIR | 6.1 TIT | | 1 | | ٠. | 1 ruguña | L vooiiioii |
| NAME experience | | | 6.2 NA | | DDRESS | | | | |
| STREET LADORESS | | | 6.4 CIT | | | | | | |
| 017-81-7P 14. Ldo here | by certify that the information supplied wit | h this filing does not qua | alify for the | exem | nption state | d in Section 119.07(3)(i), Florida Statutes | . I further c | ertify that | the |
| information Lam an d | ori indicated on this annual report or supple officer or director of the corporation or the in Block 12 or Block 13 if changed, or on | emental annual report is receiver or trustee empo | s true and a owered to e | accur | ate and the | t my signature shall have the same lega. | l affect as if | made un | der oath: that |

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

904-434-7736