

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002532

**Entity Name:** THE CATHOLIC FOUNDATION OF NORTHWEST FLORIDA, INC.

**FILED**  
**Feb 28, 2024**  
**Secretary of State**  
**2467937596CC**

**Current Principal Place of Business:**

11 NORTH B STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

11 NORTH B STREET  
PENSACOLA, FL 32501 US

**FEI Number: 75-3196619**

**Certificate of Status Desired: No**

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

EMMANUEL, ROBERT A  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32502 US

*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

**Officer/Director Detail :**

Title C  
Name NICKELSEN, ERIC  
Address 11 NORTH B STREET  
City-State-Zip: PENSACOLA FL 32502

Title D  
Name CHRISTIE, GERALD  
Address 11 NORTH B STREET  
City-State-Zip: PENSACOLA FL 32502

Title S  
Name NEUBAUER, TOM  
Address 11 NORTH B STREET  
City-State-Zip: PENSACOLA FL 32502

Title T  
Name LARGAESPADA, ED  
Address 11 NORTH B STREET  
City-State-Zip: PENSACOLA FL 32502

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ED LARGAESPADA**

**T**

**02/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date