

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22633

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**7422863506CC**

**Entity Name:** OPENING DOORS NORTHWEST FLORIDA (NWFL) INC.

**Current Principal Place of Business:**

1020 WEST NEW WARRINGTON ROAD  
PENSACOLA, FL 32506

**Current Mailing Address:**

P.O. BOX 17222  
PENSACOLA, FL 32522 US

**FEI Number:** 59-2909065

**Certificate of Status Desired:** No

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

JOHNSON, JOHN  
1020 WEST NEW WARRINGTON ROAD  
PENSACOLA, FL 32506 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:** JOHN JOHNSON

01/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOSEPHS, DAVID PSYD  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title SECRETARY  
Name DONALDSON, SANDRA  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title V  
Name WATERS, JIM PH.D.  
Address 5300 BERRYHILL RD  
City-State-Zip: MILTON FL 32570

Title TREASURER  
Name MELISSA, STRAUGHN  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title CEO  
Name JOHNSON, JOHN MPA  
Address 3207 NORTH PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name BARBER, KAREN PH.ED  
Address 5086 CANAL STREET  
City-State-Zip: MILTON FL 32570

Title DIRECTOR  
Name DOUMA, DEBBIE PH.ED  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name LANZA, JOHN MD  
Address 1295 WEST FAIRFIELD DRIVE  
City-State-Zip: PENSACOLA FL 32501

**Continues on page 2**

*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:** JOHN JOHNSON

**EXECUTIVE DIRECTOR**

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MAPPS, MARIAH  
Address 3702 NORTH PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name KARIHER, JULES  
Address 5151 N 9TH AVE  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name GARCIA, JENEE  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR  
Name BRADLEY, PAT SGT  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR  
Name GONZALEZ, PHYLLIS  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR  
Name SIMMONS, DEVIN  
Address 348 HERMAN STREET  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name WHITAKER, MARCIE  
Address 3702 NORTH PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name SINGH, ABE PHD  
Address 3702 NORTH PACE BLVD  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name DELEVOE, K'YONE  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522

Title DIRECTOR  
Name ROBERTS, ANDREA ESQ.  
Address P.O. BOX 17222  
City-State-Zip: PENSACOLA FL 32522