

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22633

FILED
Apr 05, 2019
Secretary of State
9960756906CC

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: Yes

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

04/05/2019

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

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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

**CHIEF EXECUTIVE
OFFICER**

04/05/2019

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