

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29336

**Entity Name:** NORTHWEST FLORIDA STATE COLLEGE FOUNDATION, INC.**Current Principal Place of Business:**100 COLLEGE BLVD.  
NICEVILLE, FL 32578**Current Mailing Address:**100 COLLEGE BLVD.  
NICEVILLE, FL 32578**FEI Number:** 59-2865698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KEDROSKI, CRISTIE  
100 COLLEGE BLVD.  
NICEVILLE, FL 32578 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 DIRECTOR  
Name THOMAS, FRED  
Address 745 HOLLYWOOD BOULEVARD NW  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR, NWFSC PRESIDENT  
Name STEPHENSON, DEVIN DR.  
Address 100 COLLEGE BOULEVARD  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name BURKE, BETHANY  
Address 2807 LEE TREVINO COURT  
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR  
Name COSTA, DAVID  
Address 1480 HICKORY STREET, STE 104  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name YOUNGBLOOD, DEWAYNE  
Address 200 GRAND BLVD  
City-State-Zip: MIRAMAR BEACH FL 32550

Title PAST CHAIR  
Name JACKSON, SCOTT  
Address 1655 S FERDON BLVD  
City-State-Zip: CRESTVIEW FL 32536

Title DIRECTOR  
Name CAMPBELL, WAYNE  
Address 428 RUCKEL DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name FLEET, BART  
Address 1283 EGLIN PARKWAY  
City-State-Zip: SHALIMAR FL 32579

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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: CRISTIE KEDROSKI****SECRETARY****02/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name KEDROSKI, CRISTIE  
Address 100 COLLEGE BOULEVARD  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name LUNDERMAN, LOIS  
Address 395 VALPARAISO PARKWAY  
City-State-Zip: VALPARAISO FL 32580

Title DIRECTOR  
Name PETERS, DENNIS  
Address 815 BAYSHORE DRIVE, STE B  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name RICE, TOM  
Address 911 MIDDLE DRIVE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title VICE CHAIR  
Name PETERSON, DALE  
Address 321 HARBOR BOULEVARD  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR  
Name PILCHER, MELISSA  
Address 4432 US HIGHWAY 98 EAST  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name WILLS, STEVE  
Address 60 2ND ST., STE 601  
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR  
Name FLOYD-HART, PAIGE  
Address 4534 E HIGHWAY 20  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name LITKE, DON  
Address 2422 EDGEWATER DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name MORELL, VENITA  
Address 4192 MAINSAIL DRIVE  
City-State-Zip: NICEVILLE FL 32578

Title DIRECTOR  
Name RICHARDSON, DONNIE  
Address 4770 COUNTY HIGHWAY 1087  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title CHAIR  
Name MONGELL, MITCH  
Address 1000 MAR-WALT DR  
City-State-Zip: FORT WALTON BEACH FL 32547

Title TRUSTEE LIAISON  
Name FLOYD, WILLIAM JEFF  
Address 1223 AIRPORT RD  
City-State-Zip: DESTIN FL 32541

Title TREASURER  
Name HAMILTON, CHAD  
Address 45 EGLIN PKWY NE  
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR  
Name MCINNIS, JEFF  
Address 909 MAR WALT DR., STE 1014  
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR  
Name WOLFROM, STEVE  
Address PO BOX 512  
City-State-Zip: DEFUNIAK SPRINGS FL 32435