

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35389

**Entity Name:** BIG BROTHERS/BIG SISTERS OF NORTHWEST FLORIDA, INC.

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC6506899335**

**Current Principal Place of Business:**

1149 CREIGHTON ROAD  
STE #1  
PENSACOLA, FL 32504

**Current Mailing Address:**

1149 CREIGHTON ROAD  
STE #1  
PENSACOLA, FL 32504 US

**FEI Number: 59-2996893**

**Certificate of Status Desired: Yes**

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

ROWE, SHANE  
30 S. SPRING ST.  
PENSACOLA, FL 32501 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 S  
Name GINETTI, SCOTT  
Address 2415 N. 15TH AVENUE  
City-State-Zip: PENSACOLA FL 32503

Title VP  
Name BAILEY, KEVIN W  
Address 7101 JOY STREET #J2  
City-State-Zip: PENSACOLA FL 32503

Title PRESIDENT  
Name BEAR, LEWIS III  
Address 4045 CONNELL DRIVE  
City-State-Zip: PENSACOLA FL 32503

Title T  
Name LOEFFLER, JASON  
Address 5402 DALTON CIRCLE  
City-State-Zip: MILTON FL 32570

Title CEO  
Name SHELL, PAULA  
Address 6931 HARDWOOD COURT  
City-State-Zip: MILTON FL 32583

Title D  
Name HOLMES, JIMMY  
Address 206 DWIGHT AVENUE  
City-State-Zip: PENSACOLA FL 32507

*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: PAULA SHELL**

**CEO**

**04/11/2014**

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

\_\_\_\_\_  
Date