2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jun 21, 2006 08:00 AN **DOCUMENT # 738183** Secretary of State 1. Entity Name STILL WATERS FOUNDATION, INC. Principal Place of Business Mailing Address 313 PETHERTON PLACE PENSACOLA FL 32506 313 PETHERTON PLACE PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-1739193 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, O. E. SR. 2020 N. PALAFOX ST. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32581 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Change ☐ Addition TITLE TITLE ☐ Delete GEIGER, TERRI U00000567467 NAME NAME 06/21/06-80003-008 61.25 5654 CEDAR CREEK DRIVE STREET ADDRESS STREET ADDRESS FORT WORTH TX 76109 CITY-ST-ZIP CHTY-ST-ZIP Change ☐ Addıtion TITLE ☐ Delete PEPPER, CAROL J 313 PETHERTON PLACE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 0 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE OUSLEY, JOESOPH NAME NAME 770 BOXWOOD DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-7IP City-St-7iP Change Addition TITLE ☐ Delete TITLE PEPPER, JOHN E NAME 313 PETHERTON PLACE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 0 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete THILE THLE HAWN, KIMBERLY NAME NAMI 14299 MADISON HWY STREET ADDRESS STREET ADDRESS ORANGE VA 22960 CITY-ST-ZIP CITY-ST-7IP Change ☐ AddItion TITLE Delete 11111 NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. John E-Peypor 6/10/06
FRICER OR DIRECTOR

SIGNATURE: