


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 766772
 1. Entity Name
 ECONFINA ENVIRONMENTAL CLUB, INC.



Principal Place of Business 1001 HARRISON AVENUE C/O ELLIS E. FOWHAND PANAMA CITY, FL 32401	Mailing Address 1001 HARRISON AVENUE C/O ELLIS E. FOWHAND PANAMA CITY, FL 32401
--	--



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2879727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWHAND, ELLIS E
 1001 HARRISON AVENUE
 PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARNER, JAMES 501 W. 19TH ST. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, GROVER 3024 KINGS HARBOUR ROAD PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JAMES T. III 504 CHERRY ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLER, CHARLES S. III 434 MAGNOLIA AVE. PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, JAMES D. 7 WEST 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000780990
 01/15/08-80011-015-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Ellis E Fowhand* **1-8-08-850-985-5201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #