


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002302
 1. Entity Name
FORT WALTON BEACH BONSAI SOCIETY, INC.



| | |
|---|---|
| Principal Place of Business 2817 JACK NICKLAUS WAY SHALIMAR, FL 32579-2227 US | Mailing Address PO BOX 224 SHALIMAR, FL 32579-0224 US |
|---|---|



01212006 No Chg-NP CR2E037 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 59-3631436 | 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
 LIPPINCOTT, EDWIN W
 2817 JACK NICKLAUS WAY
 SHALIMAR, FL 32579-2227

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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 restateing)

Filing Fee is \$61.25
Due by May 1, 2006

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 | DP HUND, EDGAR 243 YACHT CLUB DRIVE NICEVILLE, FL 325783720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KAUFMAN, MIKE 367 OAKLAND CIR FORT WALTON BEACH, FL 325494652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LIPPINCOTT, EDWIN W 2817 JACK NICHOLAS WAY SHALIMAR, FL 32579 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD VANDERPOOL, LELAND 902 MIDDLE DRIVE FORT WALTON BEACH, FL 32547 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/11/06-80044-014 61.25

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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: *Edwin W. Lippincott* 30 Jan 06 850-651-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #