

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001192

FILED
Feb 06, 2006
Secretary of State

Entity Name: CANTONMENT ROTARY CLUB FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 235
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

6251 LAKE CHARLENE DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3497386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYWID, EDWARD T
6251 LAKE CHARLENE DRIVE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOOREHEAD, CHRIS
Address: 8450 PENSACOLA BLVD. CREEK BRIDGE CIRCLE
City-St-Zip: PENSACOLA, FL 32522

Title: VD () Delete
Name: HAMMOND, ADRIAN
Address: 9735 N. PALOFOX ST.
City-St-Zip: PENSACOLA, FL 32534

Title: VD () Delete
Name: FREDERICK, PAUL
Address: 3237 COPPER RIDGE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: WESTLAKE, JANET
Address: 694 CANDY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: TD () Delete
Name: FRANKLIN, JIM
Address: HARVESTERS FED. CREDIT UNION P.O.BOX 5
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: BOYWID, EDWARD T
Address: 6251 LAKE CHARLENE DRIVE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NEWMAN, JR., WILLIAM
Address: P.O. BOX 37248
City-St-Zip: PENSACOLA, FL 32526

Title: PD (X) Change () Addition
Name: HAMMOND, ADRIAN
Address: 9735 N. PALOFOX ST.
City-St-Zip: PENSACOLA, FL 32534

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WESTLAKE, JANET
Address: 694 CANDY LANE
City-St-Zip: CANTONMENT, FL 32533

Title: TD (X) Change () Addition
Name: SEARS, WILLIAM W
Address: 6160 N. DAVIS HIGHWAY #7
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD T. BOYWID

D

02/06/2006

Electronic Signature of Signing Officer or Director

Date