


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90030 005 ****61.25

DOCUMENT # N98000001916					
1. Entity Name HAWKSHAW LAGOON MISSING CHILDREN MEMORIAL, INC.					
Principal Place of Business 312 WEST MAIN STREET PENSACOLA, FL 32501			Mailing Address 312 WEST MAIN STREET PENSACOLA, FL 32501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3513109	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, R C 312 WEST MAIN STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THOMPSON, R C 700 SOUTH PALAFOX STREET #245 PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, R C 700 SOUTH PALAFOX STREET #245 PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUT, KATHLEEN H 930 GERHARDT DRIVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, R S 321 SOUTH ALCANIZ STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANIAKAS, REGINA 510 S. PALAFOX ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ Date _____ Daytime Phone # _____					

850 432-8814



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 30, 2004

HAWKSHAW LAGOON MISSING CHILDREN MEMORIAL, INC.
312 WEST MAIN STREET
PENSACOLA, FL 32501

SUBJECT: HAWKSHAW LAGOON MISSING CHILDREN MEMORIAL, INC.
Ref. Number: N98000001916

We have received your document for HAWKSHAW LAGOON MISSING CHILDREN MEMORIAL, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 704A00006631



Division of Corporations

44008596

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number N98000001916
Business Entity Name HAWKSHAW LAGOON MISSING CHILDREN MEMORIAL, INC.
Original File Date 04/01/1998

FEI Number 59-3513109
Principal Address 312 WEST MAIN STREET
PENSACOLA, FL 32501
Mailing Address 312 WEST MAIN STREET
PENSACOLA, FL 32501
Registered Agent R C THOMPSON
312 WEST MAIN STREET
PENSACOLA, FL 32501

Officer/Director Name And Address

PVST
R C THOMPSON
700 SOUTH PALAFOX STREET #245
PENSACOLA, FL 32501

D
R C THOMPSON
700 SOUTH PALAFOX STREET #245
PENSACOLA, FL 32501

D
KATHLEEN H GAUT
930 GERHARDT DRIVE
PENSACOLA, FL 32503

D
R S HOLLAND
321 SOUTH ALCANIZ STREET
PENSACOLA, FL 32501

T
REGINA BANIAKAS

510 S. PALAFOX ST
PENSACOLA, FL 32501

#N98000001916

44008596

If all of the above information is correct and you do not wish to make any changes, please select:

☐ No Changes

☐ Make Changes

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