## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 700937** 

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 04, 2006 Secretary of State

Entity Name: FIESTA OF THE FIVE FLAGS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2121 WEST INTENDENCIA STREET P.O. BOX 1943 PENSACOLA, FL 32591 **New Mailing Address: Current Mailing Address:** 2121 WEST INTENDENCIA STREET P.O. BOX 1943 PENSACOLA, FL 32591 US FEI Number: 59-0607987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAIRD, CATHERINE U. 2121 W. INTENDENCIA STREET PENSACOLA, FL 32501 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SHERRILL, CHARLES MR. GREEN, JON MR. Name: Name: 2482 TRONJO PLACE Address: 2331 E LAKEVIEW AVE Address: City-St-Zip: PENSACOLA, FL 32503 US City-St-Zip: PENSACOLA, FL 32503 US Title: () Delete Title: (X) Change ( ) Addition JACOBI, DAVID MR Name: JACOBI, DAVID MR Name: Address: PO BOX 12646 Address: PO BOX 12646 City-St-Zip: PENSACOLA, FL 32501 US City-St-Zip: PENSACOLA, FL 32501 US Title: () Delete Title: (X) Change ( ) Addition IRVIN, COY DR. MOULTON, JIM MR. Name: Name: 2010 E. MALLORY ST. Address: Address: P O BOX 12524 City-St-Zip: PENSACOLA, FL 32503 US City-St-Zip: PENSACOLA, FL 32573 US Title: ( ) Delete Title: (X) Change ( ) Addition RENFROE, JAKE Name: Name: RENFROE, JAKE 4185 BAISDEN ROAD Address: Address: 4185 BAISDEN ROAD City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503

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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: CATHERINE U LAIRD D 01/04/2006

() Delete

() Delete

LAIRD, CATHERINE U.,

9 HYDE PARK ROAD

2331 E. LAKEVIEW

PENSACOLA, FL 32503

PENSACOLA, FL

GREEN, JON

() Change () Addition

(X) Change ( ) Addition

SHERRILL, CHARLIE MR.

2482 TRONJO PLACE

PENSACOLA, FL 32503