

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710171

FILED
Apr 26, 2006
Secretary of State

Entity Name: CHANTICLEER ASSOCIATION, INC.

Current Principal Place of Business:

11605 CHANTICLEER DR.
PENSACOLA, FL 32507

New Principal Place of Business:

11605 CHANTICLEER DR
PENSACOLA, FL 32507

Current Mailing Address:

11605 CHANTICLEER DR.
PENSACOLA, FL 32507

New Mailing Address:

4089 COBIA STREET
PENSACOLA, FL 32507

FEI Number: 59-1735995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYKOWSKI, DONALD W.
11605 CHANTICLEER DR.
PENSACOLA, FL 32507 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: EVANS, POLLY
Address: 11610 CHANTICLEER DR
City-St-Zip: PENSACOLA, FL 32507

Title: VD () Delete
Name: CARSON, RALPH
Address: 11611 CHANTICLEER DR
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: MC GRATH, MICHAEL
Address: 11617 CHANTICLEER DR
City-St-Zip: PENSACOLA, FL 32507

Title: TD () Delete
Name: SEYKOWSKI, DONALD W.,
Address: 11605 CHANTICLEER DR.
City-St-Zip: PENSACOLA, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DONALD W. SEYKOWSKI

TD

04/26/2006

Electronic Signature of Signing Officer or Director

Date