

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90017 039 ****61.25

DOCUMENT # 715411					
1. Entity Name ESCAMBIA EDUCATION ASSOCIATION, INCORPORATED					
Principal Place of Business 6551 PALAFOX HWY. PENSACOLA, FL 32503			Mailing Address 6551 PALAFOX HWY. PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold;">50003566</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1024149	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAWNING, RALPH 6551 N PALAFOX HWY PENSACOLA, FL 32503			7. Name and Address of New Registered Agent		
			Name <u>Ellen Lawrence</u> Street Address (P.O. Box Number is Not Acceptable) 6551 N. Palafox Hwy City <u>Pensacola</u> <u>FL</u> Zip Code <u>32503</u>		
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 <u>Ellen Lawrence</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Ellen Lawrence, Service Unit Director 3/8/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TATE, MARION PO BOX 9496 PENSACOLA, FL 32513		PRESIDENT Gail Husbands 1055 Farmington Pl Pensacola, FL 32504			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	VP BREAKALL, KATHY 5666 DOVE DR PACE, FL 32571	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Virginia Davenport 1414 E. Moreno St Pensacola, FL 32503		
JACKSON-WILLIAMS, MADONNA P.O. BOX 4362 PENSACOLA, FL 32507		DIRECTOR Rose Coon 3790 Summer Dr Pensacola, FL 32504	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition Shirley Hill 770 Fairfax Dr, Pensacola, FL 32503		
PITTMAN, PRESTON 3191 PINS LANE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete	T KNOWLTON, RON 6118 CHICAGO AVE. PENSACOLA, FL 32526	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
WILLIAMS, BRENDA 13 WASHINGTON ST PENSACOLA, FL 32507	<input type="checkbox"/> Delete				
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: <u>Gail Husbands</u> Gail Husbands, President 3/8/06 850-476-2906 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					