



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP -5 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #727791 1. Entity Name FLORIDA EAGLE FORUM, INC.					
Principal Place of Business 3160 KUTAK RD FORT MYERS, FL 33916 US				Mailing Address 3160 KUTAK RD FORT MYERS, FL 33916 US	
2. Principal Place of Business 501 E. College Ave. Suite, Apt. #, etc.		3. Mailing Address 501 E. College Ave. Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL		4. FEI Number 23-7410309	
Zip 32301		Country (LEON) USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, LANNY W SR 3160 KUTAK RD FORT MYERS, FL 33916				7. Name and Address of New Registered Agent Name: GRIFFIN, CAROLE Street Address (P.O. Box Number is Not Acceptable) 501 E. COLLEGE AVE. City: TALLAHASSEE, FL Zip Code: 32301	
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>Carole Griffin</u> 700079521727 <small>Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$61.25 Due by September 6, 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	S RAMSEUR, MARJORIE 3733 RIVER HALL DR JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, ELAINE 276 TIMBERLANE RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) and (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSCO, BARBARA 7164 ST. ANDREWS RD. LAKE WORTH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VP) and (D) MARGARITE CAVANAUGH Ocala, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAVIDO, CAROL 13412 ASHCROFT LANDING CT JACKSONVILLE, FL 32225	<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 GRIFFIN, CAROLE 2601 KILLARNEY WAY TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) and (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, LANNY W 3160 KUTAK RD FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deceased	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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>Carole Griffin</u> CAROLE GRIFFIN 8/14/06 850893-1843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

9/15/06