

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 017 ****61.25

60026010



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1007884

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARKER, GENE G
45 BEAL PARKWAY NE
FT WALTON BCH, FL 32569

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **HARDY, BEVERLY**
STREET ADDRESS **703 HICKORY ST**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **PE** ☐ Delete
NAME **PETREY, ROY**
STREET ADDRESS **857 THE MASTERS BLVD**
CITY-ST-ZIP **SHALIMAR, FL 32578**

TITLE **VP** ☒ Delete
NAME **SIGNEROS, JOAN**
STREET ADDRESS **4741 BAYSHORE DR**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **SD** ☐ Delete
NAME **CREWS, GEORGE**
STREET ADDRESS **106 POINT COMFORT RD.**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **T** ☐ Delete
NAME **DONALDSON, KAREN**
STREET ADDRESS **5709 BUCK WARD RD**
CITY-ST-ZIP **BAKER, FL 32531**

TITLE **President Elect** ☐ Delete
NAME **Bernie Ballard**
STREET ADDRESS **79 Meigs Dr**
CITY-ST-ZIP **Shalimar FL 32579**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Petrey, Roy**
STREET ADDRESS **857 The Masters Blvd**
CITY-ST-ZIP **Shalimar FL 32579**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Lon Spivey**
STREET ADDRESS **619 Powell Dr**
CITY-ST-ZIP **Ft Walton Bch FL 32547**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Crews, George**
STREET ADDRESS **106 Point Comfort Rd**
CITY-ST-ZIP **Mary Esther FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President Elect** ☐ Change ☒ Addition
NAME **Bernie Ballard**
STREET ADDRESS **79 Meigs Dr**
CITY-ST-ZIP **Shalimar FL 32579**

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: *Karen J Donaldson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06 **850-244-9900**
Date Daytime Phone #