



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # 761487 1. Entity Name TWIN BANYAN ASSOCIATION, INC.			
Principal Place of Business 446 CANAL RD SARASOTA, FL 34242		Mailing Address 2601 SOUTH DALLAS STREET FORT SMITH, AR 72901	
DO NOT WRITE IN THIS SPACE			
			
		01052006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0069284		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, BARBARA W 446 CANAL RD SARASOTA, FL 34242		DO NOT WRITE IN THIS SPACE	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOULTON, WILLIAM 4660 OCEAN BLVD #T2 SARASOTA, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, BARBARA W 446 CANAL RD SARASOTA, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, W D 446 CANAL RD APT 3 SARASOTA, FL 34242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>Barbara W. Johnson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-10-06 479-782-2853 Date Daytime Phone #	