

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-10-2006 90026 026 ****61.25

DOCUMENT # 766772

1. Entity Name
ECONFINA ENVIRONMENTAL CLUB, INC.



Principal Place of Business
**1001 HARRISON AVENUE
C/O ELLIS E. FOWHAND
PANAMA CITY, FL 32401**

Mailing Address
**1001 HARRISON AVENUE
C/O ELLIS E. FOWHAND
PANAMA CITY, FL 32401**

60000575



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2879727** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOWHAND, ELLIS E.
1001 HARRISON AVENUE
PANAMA CITY, FL 32401**

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	STD	<input type="checkbox"/> Delete
NAME	GARNER, JAMES	
STREET ADDRESS	501 W. 19TH ST.	
CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, GROVER	
STREET ADDRESS	3024 KINGS HARBOUR ROAD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JAMES T. III	
STREET ADDRESS	504 CHERRY ST	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISLER, CHARLES S. III	
STREET ADDRESS	434 MAGNOLIA AVE.	
CITY-ST-ZIP	PANAMA CITY, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES D.	
STREET ADDRESS	7 WEST 23RD STREET	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06
Date

1-850-785-5201
Daytime Phone #