2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# 769754

Entity Name: CAMP FIRE USA, GULF WIND COUNCIL, INC.

Current Principal Place of Business:

1814 CREIGHTON RD.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

1814 CREIGHTON RD.
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-2250890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVONNE, HAVEN
1814 CREIGHTON ROAD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GEITZ, CHARLES
Address: 8333 N. DAVIS HIGHWAY
City-St-Zip: PENSACOLA, FL 32504

Title: VD ( ) Delete
Name: COLE, KYLER
Address: 8233 RIDGEFIELD RD
City-St-Zip: PENSACOLA, FL 32514

Title: TD ( ) Delete
Name: RIEHLE, FRANK
Address: 3245 COBBLESTONE DR
City-St-Zip: PACE, FL 32571

Title: SD ( ) Delete
Name: WELLS, JULIE
Address: 5710 N. DAVIS HWY #5
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: HAVEN, LA-VONNE
Address: 1814 CREIGHTON RD
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVONNE HAVEN ED 02/16/2006

Electronic Signature of Signing Officer or Director — Date