

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90054 027 ****61.25

60011504



01192006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3689071** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALHOON, RONALD J
2885 EAST OLIVE ROAD
PENSACOLA, FL 32514

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 **COMMON, TIMOTHY**
STREET ADDRESS **9715 QUAIL HOLLOW BLVD**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **V** ☐ Delete
NAME **CALHOON, RONALD J**
STREET ADDRESS **2112 SQUIRE DRIVE**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE **ST** ☒ Delete
NAME **BECK, JAMIE A**
STREET ADDRESS **3300 BAYVIEW WAY**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** ☐ Delete
NAME **HOBBS, WILLIAM REV.**
STREET ADDRESS **7235 OLD CHEMONIE CT.**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **D** ☐ Delete
NAME **SCHORTMANN, JOHN**
STREET ADDRESS **4150 CROYDON RD.**
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE **D** ☐ Delete
NAME **DOSTER, RUSSELL**
STREET ADDRESS **2010 BEAVER CREEK DR.**
CITY-ST-ZIP **HAVANA, FL 32333**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **ST HOBBS, WILLIAM REV**
STREET ADDRESS **7235 OLD CHEMONIE CT**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Ronald J. Calhoon **Ronald J. Calhoon, V.P. 2-2-06 968-2858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #