

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2006
Secretary of State**

DOCUMENT# N03000003895

Entity Name: TORREYA ADVOCACY INCORPORATED

Current Principal Place of Business:

P.O.BOX 397
CHATTAHOOCHEE, FL 32324

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 397
CHATTAHOOCHEE, FL 32324

New Mailing Address:

FEI Number: 56-2364938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOTTS, LUCILLE R
625 MAIN ST
CHATTAHOOCHEE, FL 32324 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: PC () Delete
Name: ALCORN, ROBERT H JR.
Address: P.O.BOX 397
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D () Delete
Name: SHOTTS, LUCILLE R
Address: 625 MAIN ST
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: STD () Delete
Name: ROEHM, WANDA W.
Address: 75 CHRYSLER AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: BUNDY, LAURA A.
Address: P. O. BOX 205
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D () Delete
Name: RYALS, PATRICIA D.
Address: 201 W. WASHINGTON STREET
City-St-Zip: CHATTAHOOCHEE, FL 32324

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: ROBERT H. ALCORN , JR

PC

04/03/2006

Electronic Signature of Signing Officer or Director

Date