

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003979

FILED
Aug 28, 2006
Secretary of State

Entity Name: 555TH PARACHUTE INFANTRY EDUCATIONAL FUND, INC.

Current Principal Place of Business:

PO BOX 263127
TAMPA, FL 336853127

New Principal Place of Business:

Current Mailing Address:

PO BOX 263127
TAMPA, FL 336853127

New Mailing Address:

FEI Number: 91-2193460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, GEORGE L JR
3875 CORTEZ WAY SOUTH
SAINT PETERSBURG, FL 337123945 US

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: P () Delete
Name: MURCHISON, JOSEPH L
Address: PO BOX 263127
City-St-Zip: TAMPA, FL 336853127

Title: VP () Delete
Name: TAYLOR, PORCHER L
Address: 1801 RAMBLEWOOD RD
City-St-Zip: PETERSBURG, VA 23805

Title: S () Delete
Name: MAYES, JESSE J
Address: 20608 SOUTHLAWN AVE.
City-St-Zip: ETTRICK, VA 238031804

Title: T () Delete
Name: SMALL, WHEELER S JR
Address: 1757 SORICTOWN ROAD
City-St-Zip: ENFIELD, NC 278238907

Title: IG () Delete
Name: TURNER, NORVEL C JR
Address: 7775 PINTAIL DR.
City-St-Zip: FAYETTEVILLE, NC 283117405

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: JOSEPH L MURCHISON

PS

08/28/2006

Electronic Signature of Signing Officer or Director

Date