2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

DOCUMENT # N0300004998 1. Entity Name ESCAMBIA COUNTRY COMMUNITY LAND TRUST, INC.						12-2005 90159 (
Principal Place of Business 521 W. CERVANTES ST. STE 410 D PENSACOLA, FL 32501 US		Mailing Address 521 W. CERVANTES ST. STE 410 D PENSACOLA, FL 32501 US				.	11	III ki k i i ii i
	lace of Business	3. Mailing Address						
861 Map Suite, Apt.	leWoods Circle	861 MapleWoods Circle Suite, Apt. #, etc.			04072005			
STE 410 D		STE 410 D			04072005 _C	hg-NP CR	2E037 (10/03)	
City & State		City & State			4. FEI Number		Ar	plied For
Pensacola, FL		Pensacola, FL			20-004330	<u> </u>		t Applicable
Zip 32534-4	Country 153 US	Zip 32534-4153	Country US		5. Certificate of S	tatus Desired 🔀	\$8.75 Add	Jitional d
6. Name and Address of Current Registered Agent			-03		7. Name and Add	fress of New Registe		
				Name				
GINNS, MARVIN E SR 4040 LYNN ORA DRIVE PENSACOLA, FL 32504			Street A	Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA, FL 32504								
				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 bite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	Make check payable to Florida Department of State		
10.	OFFICERS AND DIF	RECTORS	11.	A	DDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	10
TITLE	PD	☐ Delete	TITLE	PD	he, John H	•	k Change	☐ Addition
NAME STREET ADDRESS	WYCHE, JOHN H 521 W. CERVANTES ST.		NAME STREET ADDRESS	_	MapleWoods			
CITY-ST-ZIP	PENSACOLA, FL 32501		CITY-ST-ZIP		_	32534-4153		
TITLE	VPD	☐ Delete	TITLE	<u> </u>			Li Change	
NAME	GINNS, MARVIN E SR.		NAME				Unitering	☐ Addition
STREET ADDRESS	4040 LYNN ORA DRIVE							☐ Addition
CITY-ST-ZIP			STREET ADDRESS					☐ Addition
	PENSACOLA, FL 32504		STREET ADDRESS CITY-ST-ZIP			_		☐ Addition
TITLE	TD	☐ Delete	CITY-ST-ZIP TITLE	TD			₹ Change	Addition
NAME	TD REMBERT, ORENTHAL J	☐ Delete	CITY-ST-ZIP TITLE NAME	Rem	bert, Oren		₹ Change	
	TD	☐ Delete	CITY-ST-ZIP TITLE	Rem 6171	bert, Oren Ringgold acola, FL	Circle	₹ Change	
NAME STREET ADDRESS	TD REMBERT, ORENTHAL J 6706 9TH AVE., STE D24	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Rem 6171 Pens	Ringgold acola, FL	Circle 32503		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD REMBERT, ORENTHAL J 6706 9TH AVE., STE D24 PENSACOLA, FL 32504 SD BOULWARE, MONTRESSA O		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Rem 6171 Pens SD Bou	Ringgold acola, FL lware, Mon	Circle 32503 tressa O.	€ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD REMBERT, ORENTHAL J 6706 9TH AVE., STE D24 PENSACOLA, FL 32504 SD BOULWARE, MONTRESSA O 521 W. CERVANTES ST		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Rem 6171 Pens SD Bou 961	Ringgold acola, FL lware, Mon W. Bobe St	Circle 32503 tressa O. reet		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REMBERT, ORENTHAL J 6706 9TH AVE., STE D24 PENSACOLA, FL 32504 SD BOULWARE, MONTRESSA O	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rem 6171 Pens SD Bou 961	Ringgold acola, FL lware, Mon W. Bobe St	Circle 32503 tressa O.	□ Change	☐ Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: MO LES MATEUIN E-GINNS SR 4/8/05 850-505-09/2

SIGNATURE AND TYPED OR PRINTED NAME OF SUCKING DEFICER OR DIRECTOR

Date

Date

Date

Date

Description

Description