## 2004 NOT-FOR-PROFIT CORPORATION

## Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # N03000007789** 04-12-2004 90235 023 \*\*\*\*61.25 WALSINGHAM FAMILY CHARTIABLE FOUNDATION, INC. Principal Place of Business Mailing Address 14520 FRONT BEACH ROAD 14520 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For ZO-087/723 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALSINGHAM, MARION 14520 FRONT BEACH ROAD Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH, FL 32413 Zip Code FL 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 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution П Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE ☐ Change TITLE NAME WALSINGHAM, MARION NAME 14520 FRONT BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP Addition ☐ Defete TITLE ☐ Change WALSINGHAM, ALVIN G NAME NAME STREET ADDRESS 1122 REDFISH CIRCLE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32411 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE WALSINGHAM, MICHAEL G NAME NAME STREET ADDRESS 105 HERON TURN STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition WALSINGHAM, WILLIAM M NAME NAME STREET ADDRESS 1001 COX GRADE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32413 CITY-ST-7P TITI F Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

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 trospec 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 tike empowered.

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

850-234-8897 49-04 Daytime Phone #

☐ Change

Addition

**FILED**