

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007789

FILED
Mar 17, 2005
Secretary of State

Entity Name: WALSINGHAM FAMILY CHARTIABLE FOUNDATION, INC.

Current Principal Place of Business:

14520 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

14520 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 20-0871723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALSINGHAM, MARION
14520 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413 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: D () Delete
Name: WALSINGHAM, MARION
Address: 14520 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: WALSINGHAM, ALVIN G
Address: 1122 REDFISH CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: D () Delete
Name: WALSINGHAM, MICHAEL G
Address: 105 HERON TURN
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: WALSINGHAM, WILLIAM M
Address: 1001 COX GRADE
City-St-Zip: PANAMA CITY, FL 32413

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVIN G. WALSINGHAM

D

03/17/2005

Electronic Signature of Signing Officer or Director

Date