2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007789

FILED Apr 13, 2006 Secretary of State

Entity Name: WALSINGHAM FAMILY CHARTIABLE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14520 FRONT BEACH ROAD 9907 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 PANAMA CITY BEACH, FL 32407

Current Mailing Address: New Mailing Address:

14520 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413
9907 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

FEI Number: 20-0871723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALSINGHAM, MARION

14520 FRONT BEACH ROAD

PANAMA CITY BEACH, FL 32413 US

WALSINGHAM, MARION

9907 FRONT BEACH ROAD

PANAMA CITY BEACH, FL 32407 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: MARION WALSINGHAM 04/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D() DeleteTitle:D(X) Change () AdditionName:WALSINGHAM, MARIONName:WALSINGHAM, MARIONAddress:14520 FRONT BEACH ROADAddress:9907 FRONT BEACH ROADCity-St-Zip:PANAMA CITY BEACH, FL 32413City-St-Zip:PANAMA CITY BEACH, FL 32407

Title: D () Delete Title: () Change () Addition

 Name:
 WALSINGHAM, ALVIN G
 Name:

 Address:
 1122 REDFISH CIRCLE
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32411
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WALSINGHAM, MICHAEL G
 Name:

 Address:
 105 HERON TURN
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32407
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 WALSINGHAM, WILLIAM M
 Name:

 Address:
 1001 COX GRADE
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32413
 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: MARION WALSINGHAM D 04/13/2006