

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003765

FILED
Apr 01, 2006
Secretary of State

Entity Name: DOWNTOWN CARILLON MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

520 BEACHSIDE GARDENS
CARILLON BEACH, FL 32413

New Principal Place of Business:

340 PALM BEACH DRIVE
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

520 BEACHSIDE GARDENS
CARILLON BEACH, FL 32413

New Mailing Address:

340 PALM BEACH DRIVE
PANAMA CITY BEACH, FL 32413

FEI Number: 20-1001293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401 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: SIMMONS, REID
Address: 520 BEACHSIDE GARDENS
City-St-Zip: CARILLON BEACH, FL 32413

Title: D () Delete
Name: BRADLEY, JIM
Address: 10570 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Delete
Name: MOLINA, KIM
Address: 106 MARKET STREET
City-St-Zip: CARILLON BEACH, FL 32413

Title: D (X) Delete
Name: BAHADIRLI, NICK
Address: 100 MARKET STREET
City-St-Zip: CARILLON BEACH, 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 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: REID W SIMMONS

PRES

04/01/2006

Electronic Signature of Signing Officer or Director

Date