

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004948

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** GENTS CHARITABLE FOUNDATION INCORPORATED

**Current Principal Place of Business:**

1411 FOUNTAIN AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

1411 FOUNTAIN AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

POST OFFICE BOX 10  
LYNN HAVEN, FL 32444

**FEI Number:** 41-2165593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRIFFIN, SYLVESTER  
1411 FOUNTAIN AVENUE  
PANAMA CITY, FL 32401 US

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

GRIFFIN, SYLVESTER  
1608 SANTA ANITA DRIVE  
LYNN HAVEN, FL 32444 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: SYLVESTER GRIFFIN

04/25/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: CAMPBELL, JOHNNY  
Address: 2000 WEST 14TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

Title: DT ( ) Delete  
Name: CHASE, THOMAS  
Address: 913 MAPLE AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: DC ( ) Delete  
Name: GRIFFIN, SYLVESTER  
Address: PO BOX 10  
City-St-Zip: LYNN HAVEN, FL 32444

Title: DS ( ) Delete  
Name: JORDAN, JOHNNY  
Address: 912 WILSON AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: PHILLIPS, KENNETH  
Address: 1401 MARYLAND AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: WILSON, ROY  
Address: 1506 PENNSYLVANIA AVENUE  
City-St-Zip: LYNN HAVEN, FL 32444

**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:

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: SYLVESTER GRIFFIN

DC

04/25/2006

Electronic Signature of Signing Officer or Director

Date