

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90052 022 ****61.25

DOCUMENT # N05000009656					
1. Entity Name THE ROSEMARY BEACH FOUNDATION, INC.					
Principal Place of Business 16D SOUTH BARRETT SQ. ROSEMARY BCH, FL 32461			Mailing Address 16D SOUTH BARRETT SQ. ROSEMARY BCH, FL 32461		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02142006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-3764896				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OCKUNZZI, STEPHANIE M 415 MOUNTAIN DR., SUITE 3 DESTIN, FL 32541			Name <u>James B. Bagby</u> Street Address (P.O. Box Number is Not Acceptable) <u>16D S Barrett Sq</u> City <u>Rosemary Beach FL</u> Zip Code <u>32461</u>		
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 <u>James B. Bagby</u> <small>(Signature typed or printed name of registered agent and file if applicable.)</small>		<u>James B. Bagby</u> <small>(NOTE: Registered Agent signature required when registering)</small>		<u>2/14/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSER, ALLEN P. O. BOX 611306 ROSEMARY BCH, FL 32461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGE, LEE P. O. BOX 611306 ROSEMARY BCH, FL 32461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Stevens PO Box 611306 Rosemary Beach FL 32461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGBY, JAMES B P. O. BOX 611306 ROSEMARY BCH, FL 32461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lori Bradley PO BOX 611306 Rosemary Bch FL 32461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kim Jameson PO Box 611306 Rosemary Beach FL 32461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>James B. Bagby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/14/06</u> <small>Date</small>		<u>850-231-1861</u> <small>Daytime Phone #</small>