


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 011 ****61.25

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # N05000010354 1. Entity Name THE CAMERON BARKLEY MEMORIAL PARK FOUNDATION INC. | | | |  | |
| Principal Place of Business 323 CARMINE DR COCOA BCH, FL 32931 | | | Mailing Address 323 CARMINE DR COCOA BCH, FL 32931 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| OMETRIAS D. LONG & ASSOCIATES, P.A. C/O OMETRIAS DEON LONGOCIATES, P.A. 400 PARK AVENUE SOUTH STE 150 WINTER PARK, FL 32789 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reissuing) | | | | | |
| DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election: Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | OFFICER <input checked="" type="checkbox"/> Delete | | | | |
| NAME | REGINA PLANS | | | | |
| STREET ADDRESS | 323 CARMINE DR. | | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | | | |
| TITLE | DIRECTOR <input checked="" type="checkbox"/> Delete | | | | |
| NAME | VITTORIA BARKLEY | | | | |
| STREET ADDRESS | 331 CARMINE DR. | | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | REGINA PLANS | | | | |
| STREET ADDRESS | 323 CARMINE DR. | | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | | | |
| TITLE | OFFICER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | VITTORIA BARKLEY | | | | |
| STREET ADDRESS | 331 CARMINE DR. | | | | |
| CITY-ST-ZIP | COCOA BEACH, FL 32931 | | | | |
| TITLE | OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | TONY GREY | | | | |
| STREET ADDRESS | 2281 LEE ROAD, SUITE 104 | | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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>Regina Plans</u> (REGINA PLANS D.) <u>AUG 28, 2006 (321) 783-5936</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |