

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90014 004 ****70.00

DOCUMENT # N05000010731

1. Entity Name
FRIENDS OF THE GRAND LAGOON, INC.



Principal Place of Business
**7207 LAGOON DRIVE
PANAMA CITY BEACH, FL 32408**

Mailing Address
**7207 LAGOON DRIVE
PANAMA CITY BEACH, FL 32408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-3246584

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, JACK G
502 HARMON AVENUE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

State report payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BANKS, LYN	
STREET ADDRESS	7207 LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, MIKE	
STREET ADDRESS	7117 LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	REHONIC, JOE	
STREET ADDRESS	6909 NORTH LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CHUCK	
STREET ADDRESS	6216 SOUTH LAGOON DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Lyn Banks **LYN BANKS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3-28-06

Date

950-235-3910

Daytime Phone #