

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012304

FILED
Aug 28, 2006
Secretary of State

Entity Name: JAMES A. SHANKS CLASS OF 1982, INC

Current Principal Place of Business:

246 FAIRCLOTH ROAD
CHATTAHOOCHEE, FL 32324

New Principal Place of Business:

Current Mailing Address:

246 FAIRCLOTH ROAD
CHATTAHOOCHEE, FL 32324

New Mailing Address:

FEI Number: 20-5412333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, JOLENE
246 FAIRCLOTH ROAD
CHATTAHOOCHEE, FL 32324 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLS, ANDREW D
Address: 808 SECOND STREET
City-St-Zip: QUINCY, FL 32324

Title: D () Delete
Name: WORD, MAURICE
Address: 1000 JOE ADAMS ROAD
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: WILLIAMS, JOLENE
Address: 246 FAIRCLOTH ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: D () Delete
Name: DANIELS, LINDA
Address: 4501 BOWFIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BLACK, RUTHA
Address: PO BOX 816
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WELLS, ANDREW D
Address: 808 SECOND STREET
City-St-Zip: QUINCY, FL 32324

Title: PRE (X) Change () Addition
Name: WOOD, MAURICE
Address: 1000 JOE ADAMS ROAD
City-St-Zip: QUINCY, FL 32351

Title: TRE (X) Change () Addition
Name: WILLIAMS, JOLENE
Address: 246 FAIRCLOTH ROAD
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: SEC (X) Change () Addition
Name: DANIELS, LINDA
Address: 4501 BOWFIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DIR (X) Change () Addition
Name: BLACK, RUTHA
Address: PO BOX 816
City-St-Zip: QUINCY, FL 32351

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: JOLENE WILLIAMS

TRE

08/28/2006

Electronic Signature of Signing Officer or Director

Date