

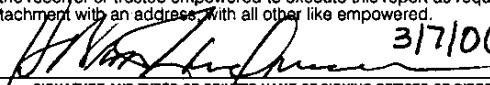


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90087 036 ****61.50

DOCUMENT # N05000012751					
1. Entity Name LANDRUM FAMILY FOUNDATION, INC.					
Principal Place of Business 4050 BEDEVERE DRIVE PENSACOLA, FL 32514			Mailing Address 4050 BEDEVERE DRIVE PENSACOLA, FL 32514		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-3973590				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		
LANDRUM, H. BRITT JR 4050 BEDEVERE DRIVE PENSACOLA, FL 32514			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE TCP NAME LANDRUM, H. BRITT JR STREET ADDRESS 4050 BEDEVERE DRIVE CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete				
TITLE TV NAME LANDRUM, ELIZABETH N STREET ADDRESS 4050 BEDEVERE DRIVE CITY-ST-ZIP PENSACOLA, FL 32514	<input type="checkbox"/> Delete				
TITLE TS NAME LANDRUM, T. BRIAN STREET ADDRESS PO BOX 2633 CITY-ST-ZIP ASHEVILLE, NC 28806	<input type="checkbox"/> Delete				
TITLE TT NAME LANDRUM, H. BRITT III STREET ADDRESS 1416 SOUND FORREST DRIVE CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 		H. BRITT LANDRUM JR. (850) 477-7022 PRESIDENT & CEO			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			