2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000006613

Entity Name: CATER TO CHARITY, INC.

Current Principal Place of Business:

6712 PINE FOREST RD.
PENSACOLA, FL 32526

New Principal Place of Business:

1008 WEST GARDEN STREET
PENSACOLA, FL 32501

Current Mailing Address:

6712 PINE FOREST RD.
PENSACOLA, FL 32526

New Mailing Address:

1008 WEST GARDEN STREET
PENSACOLA, FL 32501

FEI Number: 56-2593891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUGLAS, KAREN D.
8183 MALIBU DR.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: DPT ( ) Delete
Name: DOUGLAS, KAREN D.
Address: 8183 MALIBU DR.
City-St-Zip: PENSACOLA, FL 32514

Title: DVS ( ) Delete
Name: HUGHES, DEBORAH A.
Address: 408 PORTREE WAY
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: FELTON, NANCY E.
Address: 8971 PINE FOREST RD.
City-St-Zip: PENSACOLA, FL 32534

Title: D ( ) Delete
Name: JOHNSTON, GRACIE W.
Address: 16253 N. SHORE DR.
City-St-Zip: PENSACOLA, FL 325078306

Title: D ( ) Delete
Name: POCASE, EDITH L.
Address: 1034 CHANDELLE LAKE DR.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: POCASE, EDITH
Address: 1034 CHANDELLE LAKE DR.
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify 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: KAREN D. DOUGLAS DPT 04/30/2007
Electronic Signature of Signing Officer or Director — Date