

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90125 017 ****61.25

DOCUMENT # N10448

1. Entity Name

FEET FIRST FIRST TIME, INC.



Principal Place of Business

5193 NORTH NINTH AVE
SUITE 302
PENSACOLA FL 32504

Mailing Address

PO BOX 10806
PENSACOLA FL 32524



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-2578370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, GLORIA
5193 NORTH NINTH AVE
SUITE 302
PENSACOLA FL 32504

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BARNES, DANNA
STREET ADDRESS 2190 AIRPORT BLVD, STE 3000
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☒ Change ☐ Addition
NAME 9511 Plainfield Ave
STREET ADDRESS PENSACOLA FL 32514
CITY-ST-ZIP

TITLE MD ☐ Delete
NAME SCHMITZ, DR. MARCUS
STREET ADDRESS 5149 N. 9TH AVE., STE 246
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☒ Change ☐ Addition
NAME 5153 N 9th Ave Suite 302
STREET ADDRESS PENSACOLA FL 32504
CITY-ST-ZIP

TITLE T ☐ Delete
NAME YOUNG, KURT
STREET ADDRESS 8391 N. DAVIS HWY
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THOMPSON, GLORIA
STREET ADDRESS 1110 COILA STREET
CITY-ST-ZIP PENSACOLA FL 31504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SUSANNE Deaton
STREET ADDRESS 8391 N DAVIS HWY
CITY-ST-ZIP PENSACOLA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Gloria Thompson

2/22/06 850 576-9003