

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13932

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ESCAMBIA BAY FACILITIES, INC.

## Current Principal Place of Business:

2018 EVENTIDE ROAD  
MILTON, FL 32583 US

## New Principal Place of Business:

2017 EVENTIDE ROAD  
MILTON, FL 32583 US

## Current Mailing Address:

2018 EVENTIDE ROAD  
MILTON, FL 32583 US

## New Mailing Address:

2017 EVENTIDE ROAD  
MILTON, FL 32583 US

FEI Number: 59-2884753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCULLERS, RALPH  
2029 EVENTIDE ROAD  
MILTON, FL 32583 US

## Name and Address of New Registered Agent:

NICHOLS, COLIE  
2025 EVENTIDE ROAD  
MILTON, FL 32583 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: RALPH MCCULLERS

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MCCULLERS, RALPH  
Address: 2029 EVENTIDE RD.  
City-St-Zip: MILTON, FL 32583

Title: VPT ( ) Delete  
Name: SMITH, JOAN  
Address: 2018 EVENTIDE RD.  
City-St-Zip: MILTON, FL 325839529

Title: DS ( ) Delete  
Name: KNIGHT, BARBARA  
Address: 2010 EVENTIDE RD  
City-St-Zip: MILTON, FL 32583

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: NICHOLS, COLIE  
Address: 2025 EVENTIDE RD.  
City-St-Zip: MILTON, FL 32583

Title: VPT (X) Change ( ) Addition  
Name: PERRY, JOANN  
Address: 2017 EVENTIDE RD.  
City-St-Zip: MILTON, FL 325839529

Title: DS (X) Change ( ) Addition  
Name: TRIMM, SHELLEY  
Address: 5613 VOYAGER DR.  
City-St-Zip: MILTON, FL 32583

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RALPH MCCULLERS

PP

04/29/2005

Electronic Signature of Signing Officer or Director

Date