2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20424

FILED Jan 27, 2006 Secretary of State

Entity Name: ST. GEORGE ISLAND CHARITY COOK-OFF AUCTION, INC.

Current Principal Place of Business: New Principal Place of Business: 432 W BAYSHORE DR ST GEORGE ISLAND, FL 32328 US **Current Mailing Address: New Mailing Address:** 432 W BAYSHORE DR ST GEORGE ISLAND, FL 32328 US FEI Number: 59-2915451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAMBURG, JAYNE 432 W BAYSHORE DR ST GEORGE ISLAND EASTPOINT, FL 32328 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAMBURG, JAYNE Q Name: Name: 432 W BAYSHORE DR Address: Address: City-St-Zip: ST GEORGE ISLAND, FL 32328 City-St-Zip: Title: VPD Title: VPD () Delete (X) Change () Addition EDMISTON, H L Name: SHEPARD, GRAYSON Name: Address: PO BOX 291 Address: PO BOX 704 City-St-Zip: APALACHICOLA, FL 32329 City-St-Zip: EASTPOINT, FL 32328 Title: STD () Delete Title: () Change () Addition LIPSCOMB, LATICIA F Name: Name: 153 LAS BRISAS DRIVE Address: Address: City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: () Delete Title: D Title: () Change () Addition Name: ABBOTT, JAY Name: 419 NORTH SAWYER STREET Address: Address: City-St-Zip: ST GEORGE ISLAND, FL 32328 City-St-Zip: Title: () Delete Title: () Change () Addition BANKS, BRANT Name: Name: P.O. BOX 187 Address: Address: City-St-Zip: APALACHICOLA, FL 32329 City-St-Zip: Title: () Delete Title: (X) Change () Addition OGLES, ROY DUNKIN, JIM Name: Name: Address: 114 NORTH BAYSHORE DRIVE Address: 1856 SEA OTA DRIVE EASTPOINT, FL 32328 ST. GEORGE ISLAND, FL 32328 City-St-Zip: City-St-Zip:

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: TICIA LIPSCOMB SEC. 01/27/2006