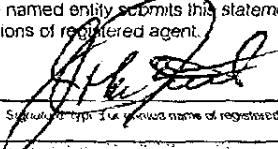


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)-

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N33396 1. Entity Name PENSACOLA VETERANS MEMORIAL PARK FOUNDATION, INC.																																																																																						
Principal Place of Business 5000 LILLIAN HWY PENSACOLA FL 32506			Mailing Address P.O. BOX 17886 PENSACOLA FL 32522																																																																																			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																			
City & State			City & State																																																																																			
Zip		Country		4. FEI Number 59-2963633																																																																																		
5. Certificate of Status Desired ☒				Applied For Not Applied																																																																																		
6. Name and Address of Current Registered Agent PRITCHARD, JOHN E 407 SEAMARGE LANE PENSACOLA FL 32507																																																																																						
7. Name and Address of New Registered Agent 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  3/16/06 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 10%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SANDERS, TERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>519 TAMPICO BLVD.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PENSACOLA FL 32526</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SHOOK, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2722 KEPLER AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PENSACOLA FL 32507</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PRITCHARD, JOHN E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>407 SEAMARGE LN.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PENSACOLA FL 32507-3928</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HOOD, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4256 N. SCOOTER LN.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MILTON FL 32583</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ROUSE, DONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>260 DEEPORT LN.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CANTONMENT FL 32533</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAM, DAVIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8026 MOBILE HWY</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PENSACOLA FL 32526</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000000471553</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>03/29/06- 80001-001 70.00</td> <td></td> </tr> </table>						TITLE	P	☐ Delete	NAME	SANDERS, TERRY		STREET ADDRESS	519 TAMPICO BLVD.		CITY- ST- ZIP	PENSACOLA FL 32526		TITLE	T	☐ Delete	NAME	SHOOK, CHARLES		STREET ADDRESS	2722 KEPLER AVE		CITY- ST- ZIP	PENSACOLA FL 32507		TITLE	T	☐ Delete	NAME	PRITCHARD, JOHN E		STREET ADDRESS	407 SEAMARGE LN.		CITY- ST- ZIP	PENSACOLA FL 32507-3928		TITLE	T	☐ Delete	NAME	HOOD, RICHARD		STREET ADDRESS	4256 N. SCOOTER LN.		CITY- ST- ZIP	MILTON FL 32583		TITLE	V	☐ Delete	NAME	ROUSE, DONALD		STREET ADDRESS	260 DEEPORT LN.		CITY- ST- ZIP	CANTONMENT FL 32533		TITLE	T	☐ Delete	NAME	WILLIAM, DAVIS		STREET ADDRESS	8026 MOBILE HWY		CITY- ST- ZIP	PENSACOLA FL 32526		TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS	1000000471553		CITY- ST- ZIP	03/29/06- 80001-001 70.00	
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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