

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90014 001 ****61.25
01-11-2005 90014 002 ****61.25
01-11-2005 90014 003 *****8.75

66000038



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3159903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BIGGS, WILLIAM D SR.
23313 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIGGS, WILLIAM D JR. 23313 FRONT BEACH RD. PANAMA CITY BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLASPY, RHONDA PO BOX 1157 NEWMAN, GA 30264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NALLEN, CHARLES 1102 APPIAN WAY CIRCLE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOLPONE, PERRY 359 BEACHSIDE DR CARILLON BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *William D. Biggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05 850-234-7819
Date Daytime Phone #