

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90079 015 \*\*\*\*61.25

**DOCUMENT # N92000000536**

1. Entity Name  
**THE CARILLON BEACH INSTITUTE, INC.**



**40072486**

Principal Place of Business  
23313 FRONT BEACH RD  
CARILLON BCH, FL 32413 US

Mailing Address  
23313 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32413 US



2. Principal Place of Business - No P.O. Box #  
**115 Market St**  
Suite Apt #, etc.  
**Suite 212**

3. Mailing Address  
**115 Market St**  
Suite Apt #, etc.  
**Suite 212**

03302007 Chg-NP CR2E037 (12/06)

City & State  
**Panama City Beach FL**

City & State  
**Panama City Beach FL**

Zip  
**32413**

Country  
**USA**

Zip  
**32413**

Country  
**USA**

4. FEI Number  
**59-3159903**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHIPMAN, GARY A ESQ**  
**5399 E CTY HWY, C30-A, UNIT 8**  
**SANTA ROSA BEACH, FL 32459**

**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 \_\_\_\_\_  
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, 2007**

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**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIGGS, WILLIAM D JR.	
STREET ADDRESS	23313 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BCH., FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLASPY, RHONDA	
STREET ADDRESS	PO BOX 1157	
CITY-ST-ZIP	NEWMAN, GA 30264	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAILEN, CHARLES	
STREET ADDRESS	1102 APPIAN WY CIR	
CITY-ST-ZIP	DOTHAN, AL 36303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLPONE, PERRY	
STREET ADDRESS	359 BEACHSIDE DR	
CITY-ST-ZIP	CARILLON BEACH, FL 32413	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRATHER, BARBARA	
STREET ADDRESS	408 BEACHSIDE DR	
CITY-ST-ZIP	CARILLON BCH, FL 32413	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOMACK, JIM	
STREET ADDRESS	126 GREENVILLE ST	
CITY-ST-ZIP	NEWMAN, GA 30263	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Jones	
STREET ADDRESS	1057 31st South	
CITY-ST-ZIP	Birmingham, AL 35205	
TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Pittman	
STREET ADDRESS	314 Beachside Dr	
CITY-ST-ZIP	Panama City Beach FL 32413	
TITLE	Treasurer/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Proud	
STREET ADDRESS	205 Village Way	
CITY-ST-ZIP	Panama City Beach FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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 William R. Proud **WILLIAM R. PROUD** 4/19/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #