

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N92000000536

1. Entity Name  
THE CARILLON BEACH INSTITUTE, INC.



**FILED  
Apr 21, 2008 8:00 am  
Secretary of State**

04-21-2008 90094 003 \*\*\*\*61.25

Principal Place of Business  
115 MARKET ST.  
SUITE 212  
PANAMA CITY BEACH, FL 32413 US

Mailing Address  
115 MARKET ST.  
SUITE 212  
PANAMA CITY BEACH, FL 32413 US

2. Principal Place of Business - No P.O. Box #

115 Carillon Market St  
Suite 212

3. Mailing Address

115 Carillon Market St  
Suite 212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City Beach FL

Panama City Beach FL

Zip

Zip

32413

32413

Country

Country

US

US



01042008 Chg-NP CR2E037 (12/06)

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 CITY HWY, C30A, 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)  
1414 County Atay 283 S  
Suite B  
City  
Santa Rosa Beach FL Zip Code 32413

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, ROGER 1057 S. 31ST STREET BIRMINGHAM, AL 35205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jim Williams 4510 Olde Plantation Place Destin, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLASPY, RHONDA PO BOX 1157 NEWNAN, GA 30264	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Barnett 272 S Mt Pleasant Ave Monroeville, AL 36460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PITTMAN, JAN 314 BEACHSIDE DR. PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROUD, WILLIAM 205 VILLAGE WAY PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Peter Kircher 100 SE 2nd St Suite 3920 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOMACK, JIM 126 GREENVILLE ST NEWNAN, GA 30263	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jane Mandula 2365 Saddlesprings Dr Alpharetta, GA 30004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

(850) 234-7819

Date

Daytime Phone #