

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000536

FILED  
Jul 30, 2009  
Secretary of State

Entity Name: THE CARILLON BEACH INSTITUTE, INC.

## Current Principal Place of Business:

115 CARILLOA MARKET ST  
SUITE 212  
PANAMA CITY BEACH, FL 32413 US

## Current Mailing Address:

115 CARILLOA MARKET ST  
SUITE 212  
PANAMA CITY BEACH, FL 32413 US

## New Principal Place of Business:

115 CARILLON MARKET ST  
SUITE 212  
PANAMA CITY BEACH, FL 32413 US

## New Mailing Address:

115 CARILLON MARKET ST  
SUITE 212  
PANAMA CITY BEACH, FL 32413 US

FEI Number: 59-3159903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SHIPMAN, GARY A ESQ  
1414 COUNTY HWY 283 S  
SUITE B  
SANTA ROSA BEACH, FL 32413 US

## Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete  
Name: WILLIAMS, JIM  
Address: 4510 OLDE PLANTATION PLACE  
City-St-Zip: DESTIN, FL 32541

Title: VD ( ) Delete  
Name: BARNETT, JOHN  
Address: 272 S MT PLEASANT AVE  
City-St-Zip: MONROEVILLE, AL 36460

Title: VD ( ) Delete  
Name: PITTMAN, JAN  
Address: 314 BEACHSIDE DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: TD ( ) Delete  
Name: KIRCHER, PETER  
Address: 100 SE 2ND ST SUITE 3920  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: MANDULA, JANE  
Address: 2355 SADDLESPPRINGS DR  
City-St-Zip: ALPHARETTA, GA 30004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: BARNETT, JOHN  
Address: PO BOX 469  
City-St-Zip: BREWTON, AL 36427

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: KIRCHER, PETER  
Address: 150 W FLAGLER ST SUITE 2050  
City-St-Zip: MIAMI, FL 33130

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JIM WILLIAMS

PD

07/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date