

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90026 001 \*\*\*\*70.00

**DOCUMENT # N93000002692**

1. Entity Name  
**MCGRUFF COMMUNITY DEVELOPMENT AND SERVICES  
CORPORATION**



Principal Place of Business  
**109 N.E. MCGRUFF STREET  
FT. WALTON BEACH, FL 32548**

Mailing Address  
**P.O. BOX 545  
FT. WALTON BEACH, FL 32549**

**60007100**



01192006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3422081**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THIGPEN, SCOTTIE L  
109 MCGRUFF STREET  
FT. WALTON BEACH, FL 32548**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME REGULUS, ELIJAH J  
STREET ADDRESS 934 JOHN WAYNE CIRCLE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☒ Delete  
NAME REED, MARK  
STREET ADDRESS 8887 CAGLE DRIVE  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE VT ☒ Change ☐ Addition  
NAME Loggins, David  
STREET ADDRESS 884 Master Blvd.  
CITY-ST-ZIP Shalimar, FL 32579

TITLE S ☐ Delete  
NAME JONES, LEE K  
STREET ADDRESS 1916 ALFRED BLVD  
CITY-ST-ZIP NAVARRE, FL 32566

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TT ☐ Delete  
NAME GLENN, MAXELL  
STREET ADDRESS 20 F. CASA LOMA DRIVE  
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

**SIGNATURE: Elizah J. Regulus - Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/19/06**

Date

**(850) 863-5071**

Daytime Phone #