

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90177 043 ****61.25

DOCUMENT # N93000004026 1. Entity Name THE RANDALL PARR ORGANIZATION, INC.					
Principal Place of Business 3221 COMMERCE ST 108 DALLAS, TX 75226 US			Mailing Address P.O. BOX 190868 DALLAS, TX 75219-0868 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-1815037	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DOSS, THOMAS E III GREAT WESTERN BLDG. SUITE 210, 500 E. ALTAMONTE DR. ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
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			\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARR, THOMAS R 5050 TWIN LAKES EAST TYLER, TX 75704	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WALKER, JEFF 34-500 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1175 LEANING OAK SPRING BRANCH, TX 78070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAIRD, RHONDA G 3221 COMMERCE ST 108 DALLAS, TX 75226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/27/06 Daytime Phone #		