

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001434

FILED
Apr 14, 2006
Secretary of State

Entity Name: EGLIN/AIR FORCE ASSOCIATION COLLEGE SCHOLARSHIP FOUNDATION, INCORPORATED

Current Principal Place of Business:

4554 REDBUD TRAIL
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX #176
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-3239211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZONSTKA, STEVEN
4554 REDBUD TRAIL
NICEVILLE, FL 32578 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: JORDAN, GRADY
Address: 318 GRAND OAKS DR
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: BYRD, RON H
Address: 718 PRESTWICK DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: CD () Delete
Name: KIRK, BILL
Address: 1100 TROON DR W
City-St-Zip: NICEVILLE, FL 32578 US

Title: SD () Delete
Name: WOOD, SANDRA S
Address: 1522 ROYAL PALM DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD () Delete
Name: CZONSTKA, STEVEN
Address: 4554 REDBUD TRAIL
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: MARINAN, ROBERT
Address: 4022 BOND CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN J CZONSTKA

TD

04/14/2006

Electronic Signature of Signing Officer or Director

Date