

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000003527

1. Entity Name
BIT O' HEAVEN PARK, INC.



Principal Place of Business
**73 E. BRADLEY ST.
#12
DESTIN, FL 32550 US**

Mailing Address
**73 E. BRADLEY ST.
#12
DESTIN, FL 32550 US**



01232006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3260087

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GREEN, WILLIAM H
22 EAST BALDWIN AVE.
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	NICHOLSON, KEN	
STREET ADDRESS	183 SOUTHERN SHORES DRIVE	
CITY-ST-ZIP	JACKSON, GA 30233	
TITLE	D	
NAME	O'NEAL, DANNY	
STREET ADDRESS	80 WEST BRADLEY STREET, LOT #9	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	P	
NAME	MAURER, EARL	
STREET ADDRESS	RT. 1, M-33 NORTH	
CITY-ST-ZIP	COMINS, MI 48619	
TITLE	V	
NAME	O'NEAL, DANNY	
STREET ADDRESS	80 WEST BRADLEY STREET, LOT #9	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE	S	
NAME	MORSE SR., JAMES R	
STREET ADDRESS	P.O. BOX 429	
CITY-ST-ZIP	ANDOVER, NJ 07821	
TITLE	T	
NAME	DEBRUYN, REVA	
STREET ADDRESS	73 EAST BRADLEY STREET, LOT #8	
CITY-ST-ZIP	DESTIN, FL 32550	

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02/02/06-80072-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Morse Sr.* **James R. Morse Sr.** 01/24/06 850 650-3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #