


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90101 042 \*\*\*\*61.25

<b>DOCUMENT # N94000003775</b>			
1. Entity Name EUCHEANNA "OLD SCHOOL HOUSE" COMMUNITY CENTER, INC.			
Principal Place of Business 301 MCKINNON BRIDGE ROAD PONCE DE LEON, FL 32455 US		Mailing Address PO BOX 122 ARSYLE, FL 32422 US	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3260921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARMSTRONG, JAMES 8823 CO HWY 280 E DE FUNIAK SPGS, FL 32433		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEACOCK, BRUCE 529 CAMPBELL RD DE FUNIAK SPGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown, Wayne 1759 Red Hill Bridge Rd. Ponce De Leon, Fl. 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARMSTRONG, MARY 8823 COUNTY HWY 280E DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Foss, Patsy 662 mckinnon Bridge Rd. Ponce De Leon, Fl 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, DEWYNE 605 SCOTT RD DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTT, Carroll 1525 Red Hill Rd. Ponce De Leon, Fl 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODOM, PAM 4277 E HWY 90 DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lyall, Leola 1002 Highlonesome Rd Defuniak Springs, Fl. 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WAYNE 1759 RED HILL BRIDGE RD PONCE DE LEON, FL 32455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Vince 151 Brown Rd. Ponce De Leon, Fl. 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOCKE, MARY 7151 COUNTY HWY 280 E DEFUNIAK SPRINGS, FL 32435 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Campbell, William Stoadley 941 Walton Bridge Rd. Ponce De Leon, Fl. 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Patsy S. Foss</u>		SIGNATURE: <u>Patsy S. Foss</u> 4-18-06 850-892-9112	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04182006 Chg-NP CR2E037 (11/05)