2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005260

FILED Mar 27, 2006 Secretary of State

Entity Name: ST. ANDREWS CIVIL WAR REENACTOR'S CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

2109 PENTLAND ROAD 1808 CALHOUN AVENUE LYNN HAVEN, FL 32444 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

P.O. BOX 636 1808 CALHOUN AVENUE PANAMA CITY, FL 32402 PANAMA CITY, FL 32405

FEI Number: 59-3265880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEACOCK, STANLEY E
2109 PENTLAND ROAD
LYNN HAVEN, FL 32444 US

ZALES, CONNIE G
6225 SOUTH LAGOON DRIVE
PANAMA CITY BEACH, FL 32408 US

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: CONNIE G. ZALES 03/27/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P (X) Change () Addition

 Name:
 BOLLINGER, WOODY
 Name:
 VICKMARK, TERESA S

 Address:
 24 HARRISON AVE APT 205
 Address:
 1808 CALHOUN AVENUE

Address: 24 HARRISON AVE APT 205 Address: 1808 CALHOUN AVENUE
City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32405

Title: TD () Delete Title: T (X) Change () Addition Name: PEACOCK, STANLEY E Name: ZALES, CONNIE G

 Address:
 2109 PENTLAND RD
 Address:
 6225 SOUTH LAGOON DRIVE

 City-St-Zip:
 LYNN HAVEN, FL 32444
 City-St-Zip:
 PANAMA CITY BEACH, FL 32408

Title: PD () Delete Title: S (X) Change () Addition

 Name:
 VICKMARK, TERRY
 Name:
 COWGILL, DIANNE

 Address:
 1808 CALHOUN AVENUE
 Address:
 9542 STAUBER LANE

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 YOUNGSTOWN, FL 32466

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: TERESA S.VICKMARK P 03/27/2006