


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90026 037 ****70.00

DOCUMENT # N95000005067 1. Entity Name GREATER ESCAMBIA COMMUNITY FOUNDATION, INC.					
Principal Place of Business 17 WEST CEDAR ST SUITE 3 PENSACOLA, FL 32501			Mailing Address 17 WEST CEDAR ST SUITE 3 PENSACOLA, FL 32501		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 32502	Country	Zip 32502	Country	01052006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3371653				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 3 WEST GARDEN STREET SUITE 600 PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name HUSTON, GARY W. Street Address (P.O. Box Number is Not Acceptable) 125 WEST ROMANA STREET SUITE 800 PENSACOLA FL 32502		
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 <i>Gary W. Huston</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 1-10-20 <small>(NOTE: Registered Agent signature required when re-registering)</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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARR, JOHN S MR. 17 WEST CEDAR STREET, STE 3 PENSACOLA, FL 32501	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, JOHN S. MR. 17 WEST CEDAR STREET, SUITE 3 PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINROD, ALLISON R MS. 104 NIGHTENGALE LANE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SINROD, ALLISON R. MS. 104 NIGHTENGALE LANE GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARROW, SCOTT L MR. P.O. BOX 12790 N/A PENSACOLA, FL 325752790	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'SULLIVAN, J MORT III, CPA P.O. BOX 12646 N/A PENSACOLA, FL 32574	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHEM, W. SPENCER P.O. BOX 12950 N/A PENSACOLA, FL 32501	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, SHEILAN 784 LADNER DR. PENSACOLA, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, NINA A 98 HIGHPOINTE DR. GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, MIKE P.O. BOX 2128 PENSACOLA, FL 32513	<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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					