## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001782

FILED Jan 04, 2006 Secretary of State

Entity Name: OLD CHRIST CHURCH FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 18 W WRIGHT ST PENSACOLA, FL 32501 **Current Mailing Address: New Mailing Address:** 18 W WRIGHT ST PENSACOLA, FL 32501 FEI Number: 59-3624745 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: HEINDL, TIM 18 W WRIGHT ST PENSACOLA, FL 32501 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition CUURIN, MADISON B RENTZ, LUCY Name: Name: 510 N 20TH AVE Address: 4795 VELASQUEZ Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32504 Title: DC () Delete Title: () Change () Addition HOGEMAN, WYLIE Name: Name: Address: 1920 VILLAFANE DRIVE Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HEINDL, TIM Name: CURRIN, MATT Name: Address: 420 WOODBINE DR Address: 510 N 12TH City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32501 Title: SD () Delete Title: () Change () Addition Name: MAGIE, RODERIC Name: Address: 609 CROWN COVE Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: () Change () Addition OWENS, THOMAS F Name: Name: 1901 E GARDEN ST Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MERRILL. COLLIER Name: Name: PO BOX 710 Address: Address: PENSACOLA, FL 32593 City-St-Zip: 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: LUCY RENTZ DP 01/04/2006