

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2006
Secretary of State**

DOCUMENT# N96000001782

Entity Name: OLD CHRIST CHURCH FOUNDATION, INC.

Current Principal Place of Business:

18 W WRIGHT ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

18 W WRIGHT ST
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3624745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEINDL, TIM
18 W WRIGHT ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: CUURIN, MADISON B
Address: 510 N 20TH AVE
City-St-Zip: PENSACOLA, FL 32501

Title: DC () Delete
Name: HOGEMAN, WYLIE
Address: 1920 VILLAFANE DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: HEINDL, TIM
Address: 420 WOODBINE DR
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: MAGIE, RODERIC
Address: 609 CROWN COVE
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: OWENS, THOMAS F
Address: 1901 E GARDEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RENTZ, LUCY
Address: 4795 VELASQUEZ
City-St-Zip: PENSACOLA, FL 32504

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CURRIN, MATT
Address: 510 N 12TH
City-St-Zip: PENSACOLA, FL 32501

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MERRILL, COLLIER
Address: PO BOX 710
City-St-Zip: PENSACOLA, FL 32593

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

Electronic Signature of Signing Officer or Director

Date