2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

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Entity Name: HOLY NATIVITY SCHOOL FOUNDATION, INC.

Current Principal Place of Business:

205 HAMILTON AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

509 HARRISON AVENUE
SUITE 204
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 31-1532217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMLIN, LISA LLOYD
509 HARRISON AVENUE
SUITE 204
PANAMA CITY, FL 32401 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:	D	( ) Delete
Name:	DARRAH, JOHN W	
Address:	526 BUNKERS COVE RD.	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	POPE, SCOTT A	
Address:	124 S. COVE BLVD.	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	VTD	( ) Delete
Name:	WELLER, TOM C	
Address:	2308 WEST BEACH DRIVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	CRAMER, CAROLYN	
Address:	112 BUNKERS COVE RD	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	MCDANIEL, BEVERLY A	
Address:	4423 SCHOONER LANE	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	PD	( ) Delete
Name:	LLOYD, RAYFORD L JR.	
Address:	714 BUNKERS COVE RD.	
City-St-Zip:	PANAMA CITY, FL 32401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: RAYFORD LLOYD PD 04/21/2006
Electronic Signature of Signing Officer or Director — Date