


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003359	
1. Entity Name NORTH SANTA ROSA - ESCAMBIA COUNTY DEVELOPMENT COUNCIL, INC.	

Principal Place of Business 3425 HWY 4 JAY, FL 32565	Mailing Address P.O BOX 428 JAY, FL 32565
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02042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3485319	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, CLAY R 3305 W. WHITLEY LANE MILTON, FL 32565

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, CLAY R 3305 W. WHITNEY LANE MILTON, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIGMON, MIKE 141 SIGLER RD MCDAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRAY, THEDA 201 BOOKER LANE JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, EVELYN 7730 ARCHIE STREET CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVEY, MAXINE 210 MILDRED STREET JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALL, MARGIE 330 MCCALL ROAD CENTURY, FL 32535

1100000425771
02/20/06-80015-013 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Clay R Campbell* 02-06-06 850-675-4521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #