2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001642

FILED Feb 21, 2005 Secretary of State

Entity Name: PANAMA CITY BEACHES EDUCATION FUND, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 9348 PANAMA CITY BEACH, FL 32417 **Current Mailing Address: New Mailing Address:** P.O. BOX 9348 PANAMA CITY BEACH, FL 32417 FEI Number: 59-2857564 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNIGHT, DEBI 415 BECKRICH RD., STE. 200 PANAMA CITY BEACH, FL 32407 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: () Change () Addition () Delete HUNT, DEBORAH Name: Name: 1022 WEST 23RD ST Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32405 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: PATRONIS, JR., JIMMY Name: Address: 5551 NORTH LAGOON Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 US City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition HOEHN, TERRI OBERST, GAYLE Name: Name: 16911 PANAMA CITY BEACH PARKWAY 1208 OLEANDER CIRCLE Address: Address: City-St-Zip: PANAMA CITY BCH, FL 32413 US City-St-Zip: PANAMA CITY BCH, FL 32413 US Title: DT Title: DT () Delete (X) Change () Addition SMITH, RUSS Name: MATHIEU, BILL Name: 110 SOUTH ARNOLD ROAD 9450 SOUTH THOMAS DRIVE Address: Address: City-St-Zip: PANAMA CITY BCH, FL 32413 US City-St-Zip: PANAMA CITY BCH, FL 32408 US Title: () Delete Title: () Change () Addition FEIGHTNER, WELDON Name: Name: 13200 PANAMA CITY BEACH PARKWAY Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBI KNIGHT P 02/21/2005