


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90124 049 ****61.25

DOCUMENT # N98000001916

1. Entity Name
HAWKSHAW LAGOON MISSING CHILDREN MEMORIAL, INC.



Principal Place of Business
**312 WEST MAIN STREET
 PENSACOLA, FL 32501**

Mailing Address
**312 WEST MAIN STREET
 PENSACOLA, FL 32501**

2. Principal Place of Business
3303 N. DAVES HWY
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 2396
 Suite, Apt. #, etc.

City & State
PENSACOLA FL

City & State
PENSACOLA FL

Zip
32503

Country
ESCAMBIA

Zip
32513

Country
ESCAMBIA



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3513109

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**THOMPSON, R C
 312 WEST MAIN STREET
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3303 N. DAVES HWY
 City
PENSACOLA FL Zip Code
32503

8. The above named entity admits 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]* **CLARK THOMPSON** DATE **1/18/06**

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

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THOMPSON, R C 700 SOUTH PALAFOX STREET #245 PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, R C 700 SOUTH PALAFOX STREET #245 PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUT, KATHLEEN H 930 GERHARDT DRIVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, R S 321 SOUTH ALCANIZ STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANIAKAS, REGINA 510 S. PALAFOX ST PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNIE, EMANUEL 15005 INNERARITY PT RD PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **REGINA W BANIAKAS** DATE **1/17/06** DAYTIME PHONE # **850 433 5645**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #