


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # N98000001916**

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



Principal Place of Business <b>3303 N. DAVIS HWY          PENSACOLA, FL 32503</b>	Mailing Address <b>PO BOX 2396          PENSACOLA, FL 32513</b>
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3513109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THOMPSON, R C  
 3303 N. DAVIS HWY  
 PENSACOLA, FL 32503**

**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: *Brunie Emmanuel Brunie Emmanuel* DATE: *4/26/07*

Signature, 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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST THOMPSON, R C 700 SOUTH PALAFOX STREET #245 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, R C 700 SOUTH PALAFOX STREET #245 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAUT, KATHLEEN H 930 GERHARDT DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLLAND, R S 321 SOUTH ALCANIZ STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BANIAKAS, REGINA 510 S. PALAFOX ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUNIE, EMANUEL 15005 INNERARITY PT RD PENSACOLA, FL 32507

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U00000746522  
 05/16/07-80072-023 61.25

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: *Brunie Emmanuel Brunie Emmanuel* DATE: *4/26/07*

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