

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90700 010 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

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)  
City

**FL** Zip Code

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-9-2003**  
DATE

**FILE NOW: FEE IS \$61.25**

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	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, R C</b>	
STREET ADDRESS	<b>700 SOUTH PALAFOX STREET #245</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, R C</b>	
STREET ADDRESS	<b>700 SOUTH PALAFOX STREET #245</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GAUT, KATHLEEN H</b>	
STREET ADDRESS	<b>930 GERHARDT DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32503</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, R S</b>	
STREET ADDRESS	<b>321 SOUTH ALCANIZ STREET</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BANIAKAS, REGINA</b>	
STREET ADDRESS	<b>510 S. PALAFOX ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. I hereby certify that the information supplied with this filing does not qualify 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**1-9-2003** **V/RSJ/421-8012**

CR2E037 (10/02)