2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006545

Current Principal Place of Business:

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PARKAS, FL 32404

RODGERS, MAE

BOEVINK, RAY

PO BOX 6207

6715 FOX LAKE DR.

CALLAWAY, FL 32404

ANDERSON, EUGENE

PANAMA CITY, FL 32404

307 S COMET AVENUE

PANAMA CITY, FL 32404

() Delete

() Delete

() Delete

Entity Name: THE PARKWAY LIONS FOUNDATION, INC.

FILED Jan 31, 2006 Secretary of State

New Principal Place of Business:

390 SOUTH TYNDALL PKWY #322 PANAMA CITY, FL 32404 **New Mailing Address: Current Mailing Address:** 390 SOUTH TYNDALL PKWY #322 PANAMA CITY, FL 32404 FEI Number: 59-3722495 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: HENDRICKS, BRENDA G 6135 E HWY 98 PARKER, FL 32404 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: () Delete (X) Change () Addition PRICE, EDWARD PALMER, MARILYN Name: Name: 6523 ENZOR STREET Address: 5200 HICKORY STREET Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: PANAMA CITY, FL 32404 Title: () Delete Title: D (X) Change () Addition RODGERS, HUBERT Name: SMITH, JOHN Name: Address: 307 S COMET AVE Address: 3215 NORTH EAST AVE City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: PANAMA CITY, FL 32405 Title: () Delete Title: (X) Change () Addition HENDRICKS, BRENDA G HENDRICKS, BRENDA G Name: Name: 6135 E. HWY 98 Address: Address: 6135 E. HWY 98

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

City-St-Zip:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

PARKER, FL 32404

MC LEAN, ELIZABETH

713 CINDY LEE LANE

PANAMA CITY, FL 32401

(X) Change () Addition

() Change () Addition

() Change () Addition

D

SIGNATURE: BRENDA G. HENDRICKS S 01/31/2006

above, or on an attachment with an address, with all other like empowered.