

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90035 037 \*\*\*\*61.25

60007788



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2129669 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

JONES, CALVIN III  
412-A COBRA AVENUE  
FORT WALTON BEACH, FL 32548

## 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | JONES, CALVIN III           |  |
| STREET ADDRESS | 412-A COBRA AVE             |  |
| CITY-ST-ZIP    | FORT WALTON BEACH, FL 32548 |  |
| TITLE          | P                           | <input checked="" type="checkbox"/> Delete |
| NAME           | O'NEAL, JAMES P             |  |
| STREET ADDRESS | 118 KINCAID COURT           |  |
| CITY-ST-ZIP    | LAFAYETTE, LA 70508         |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | MILLER-SCHMIDT, JANET       |  |
| STREET ADDRESS | 2777 LAKESHORE DR           |  |
| CITY-ST-ZIP    | MANDEVILLE, LA 704485629    |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | BROOKER, NORTON W JR        |  |
| STREET ADDRESS | PO DRAWER 2727              |  |
| CITY-ST-ZIP    | MOBILE, AL 36652            |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | RICHARDS, RON               |  |
| STREET ADDRESS | 6625 CALLE DE LAUREL        |  |
| CITY-ST-ZIP    | NAVARRE, FL 32566           |  |
| TITLE          | S                           | <input type="checkbox"/> Delete            |
| NAME           | BRUNDIGE, WILLIAM H JR      |  |
| STREET ADDRESS | 3325 NASHVILLE AVENUE       |  |
| CITY-ST-ZIP    | NEW ORLEANS, LA 70125       |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BATTY, THOMAS             |  |
| STREET ADDRESS | 5171 EAGLE POINT DR       |  |
| CITY-ST-ZIP    | GRAND BAY, AL 36541       |  |
| TITLE          | P                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MILLER-SCHMIDT, JANET     |  |
| STREET ADDRESS | 2777 LAKE SHORE DR.       |  |
| CITY-ST-ZIP    | MANDEVILLE, LA 70448 5629 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BRUNDIGE, WILLIAM H JR    |  |
| STREET ADDRESS | 329 BROCKENBROUGH CT.     |  |
| CITY-ST-ZIP    | METairie, LA 70005        |  |

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:** *Wm. H. Brundige, Jr.* Wm. H. BRUNDIGE, JR.

1-11-06

504-827-7614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #