

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90075 011 \*\*\*\*61.25

**50031240**



02212005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-6198624** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNETTE, ANDREW A. 4427 DEL PRADO BLVD CAPE CORAL, FL 33904		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, 2005**

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	TVP BARNETTE, ANDREW A 4427 DEL PRADO BLVD. CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TMO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARLOCK, RON <input checked="" type="checkbox"/> Delete 4011 SW 28TH PLACE CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAA PAM WILLIAMS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 118 SW 21st LANE CAPE CORAL, FL 33591
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE HAWKS, STEVE <input type="checkbox"/> Delete 6645 KESTREL CIRCLE FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAA KEARNEY, PETER R <input type="checkbox"/> Delete 1216 NW 17TH STREET CAPE CORAL, FL 33993	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PANSING, STEVE <input type="checkbox"/> Delete 2506 S.W. 52ND STREET CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SE BAKER, RUSS <input type="checkbox"/> Delete 3776 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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