2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 724396

1. Entity Name
SAN CRISTOBAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
616 FLAMINGO DRIVE VENICE, FL 34285	406 GIOVANNI DRIVE NOKOMIS, FL 34275

03052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1586903
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAASCH, SANDI
406 GIOVANNI DRIVE
NOKOMIS, FL 34275

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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 _____ DATE
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARTER, ALFRED
STREET ADDRESS	616 FLAMINGO DR
CITY-ST-ZIP	VENICE, FL 00000, 34285
TITLE	TD
NAME	ZOCH, JAMES C
STREET ADDRESS	1590 66TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	P
NAME	RINGER, SUZANNE
STREET ADDRESS	95 CEDAL STREET
CITY-ST-ZIP	WAKEFIELD, MA 01880
TITLE	SD
NAME	CRETSINGER, FRANK
STREET ADDRESS	616 FLAMINGO DR
CITY-ST-ZIP	VENICE, FL 00000, 34285
TITLE	D
NAME	COURTS, GLENN
STREET ADDRESS	616 FLAMINGO DR
CITY-ST-ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100088459796
03/18/06-80047-012 61.25

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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: Sandi Raasch 3/6/06 941-484-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #