

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90024 011 ****61.25

40008290



01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, LYN
1250 ARLINGTON CIR
MERRITT ISLAND, FL 32952

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 LYN TAYLOR
Signature, typed or printed name of registered agent and title if applicable.

Lyn T Taylor
(NOTE: Registered Agent signature required when reinstating)

1-17-05
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

TITLE D
NAME SCHEERBORN, NED ☒ Delete
STREET ADDRESS 505 CONCORD AVE.
CITY-ST-ZIP TITUSVILLE, FL 32803

TITLE T
NAME TAYLOR, LYN ☐ Delete
STREET ADDRESS 1250 ARLINGTON CIR
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE S
NAME HUNTINGTON, MICHELE ☐ Delete
STREET ADDRESS 3601 SO. BANANA RIVER BLVD A-405
CITY-ST-ZIP COCOA BCH, FL 329031

TITLE P
NAME BAYER, MADGHOE ☒ Delete
STREET ADDRESS 210 TIXI DR.
CITY-ST-ZIP MERRITT ISLAND, FL 32954

TITLE D
NAME PYLES, LORETTA ☐ Delete
STREET ADDRESS 355 JACALA DR.
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE D
NAME RICE, JULIA ☐ Delete
STREET ADDRESS 4520 DEANNA CT.
CITY-ST-ZIP MERRITT ISLAND, FL 32953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME George Gikas
STREET ADDRESS 320 Grant Ave
CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Rev Huntington ☐ Change ☒ Addition
NAME 3601 S Banana River Blvd A-408
STREET ADDRESS Cocoa Beach FL 32903
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Lyn T Taylor Lyn T. Taylor Treas 1-17-05 321-246-2086
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #