

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90246 043 ****61.25

60002608



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6136754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIDDICK, MICHAEL
511 ST. JOHNS AVE
PALATKA, FL 32177

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	P	<input checked="" type="checkbox"/> Delete
NAME	MAHAFFEY, KEN	
STREET ADDRESS	P.O. BOX 185	
CITY-ST-ZIP	HOLLISTER, FL 32147	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOSTER, ALAN	
STREET ADDRESS	109 SUNSET POINT	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIDDICK, MICHAEL L	
STREET ADDRESS	511 ST. JOHNS AVE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, BOB	
STREET ADDRESS	135 HIAWATHA COURT	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, KENNY	
STREET ADDRESS	300 HIGHWAY 19 N.	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	K	<input type="checkbox"/> Delete
NAME	HUGHES, KAREN	
STREET ADDRESS	1907 MOSELEY AVENUE	
CITY-ST-ZIP	PALATKA, FL 32177	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY MOORE	
STREET ADDRESS	135 HIAWATHA COURT	
CITY-ST-ZIP	EAST PALATKA, FL 32131	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN FOSTER	
STREET ADDRESS	109 SUNSET POINT	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEREMY ALEXANDER	
STREET ADDRESS	P.O. BOX 919	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN HUGHES	
STREET ADDRESS	1907 MOSELEY AVE	
CITY-ST-ZIP	PALATKA, FL 32177	

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:

Michael L. Riddick MICHAEL L. RIDDICK 1/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-326-5316