

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90046 012 ****61.25

60010760



01302006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2234574

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAMMONS, G E
3667 KELLY ST
FT MYERS, FL 33901

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 PD
NAME ADDISON, LAWRENCE ☒ Delete
STREET ADDRESS 763 ENTRADA DR. SW
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VD
NAME WENDELL, CHAPMAN ☒ Delete
STREET ADDRESS 16543 CYPRESS VILLA LANE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE TD
NAME GROVE, SAMMONS E ☒ Delete
STREET ADDRESS 3667 KELLY ST
CITY-ST-ZIP FT MYERS, FL 33901

TITLE SD
NAME SAMMONS, COLLEEN ☒ Delete
STREET ADDRESS 3667 KELLY ST
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D
NAME MARZONIE, DONALD ☒ Delete
STREET ADDRESS 1303 SE 34TH ST
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME ZIMMER, LAWRENCE ☒ Delete
STREET ADDRESS 683 NE 15TH COURT
CITY-ST-ZIP FORT MYERS, FL 33901

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME BROWN, LORNA
STREET ADDRESS 1658 S. HERMITAGE RD.
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VD ☐ Change ☒ Addition
NAME BRANDA, MIKE
STREET ADDRESS 4570 DIPLOMA CT
CITY-ST-ZIP LENIH ALBES, FL 33971

TITLE TD ☐ Change ☒ Addition
NAME SAMMONS, GROVE E.
STREET ADDRESS 3667 KELLY ST.
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE SD ☐ Change ☒ Addition
NAME SAMMONS, COLLEEN
STREET ADDRESS 3667 KELLY ST.
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D ☐ Change ☒ Addition
NAME MARZONIE, DONALD
STREET ADDRESS 1303 SE 34TH ST.
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D ☐ Change ☒ Addition
NAME ZIMMER, LAWRENCE
STREET ADDRESS 1719 NW 21ST ST
CITY-ST-ZIP CAPE CORAL, FL 33993

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:

Shawn E. Sammons

1-30-06 239-936-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #