

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # C10038



**Mailing Address**  
**ROY CONNOR SHEPPARD**  
**220 OCEAN ST.**  
**JACKSONVILLE, FL 32202**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1651185

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

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 \_\_\_\_\_

**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
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WOLFEHUTTEN MASTER INDEX OFFICERS AND DIRECTORS IN 10

Kenneth Max Williams  
P.O. Box 589 *N/A*  
SEBRING FL 33871

SENIOR WARDEN (D) ☐ Change ☒ Addition  
Ross Lee Conright  
297 Margarette Dr  
Avondale Park FL 33825-2327

TREASURER (D) ☐ Change ☒ Addition  
Michael Perry Byers  
2424 S Lake Letta Dr

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

JUNIOR WARDEN (D) ☐ Change ☒ Addition  
Kevin E Collier  
441 Austin St  
Gainesville, FL 32609-2412

☐ Change    ☐ Addition

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone #