


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0000005047**  
 1. Entity Name  
**CONLEE MURAL COMMITTEE, INC.**



Principal Place of Business      Mailing Address  
**7300 CRILL AVENUE #32**      **7300 CRILL AVENUE #32**  
**PALATKA FL 32177**      **PALATKA FL 32177**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
 4. FEI Number      Applied For  
**59-3678127**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SNYDER, CLINT**  
**7300 CRILL AVENUE #32**  
**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 *Clint Snyder*  
 Signature (typed or printed name of registered agent and title, if applicable)      (NOTE: Registered Agent signature required when resigning)      DATE

**FILE NOW: 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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, JOHN</b>	
STREET ADDRESS	<b>919 CARR ST</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHSCHILD, JUDY</b>	
STREET ADDRESS	<b>233 DAVIS ZAKE ROAD</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>BEATON, ROBERT</b>	
STREET ADDRESS	<b>139 CABLE RD</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		<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		

**U00000524705**  
**05/04/06-80001-803 61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**380-325-3470**