

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90459 033 ****61.25

40071618



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3618679

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRIDGES, JOHNNY A
17356 SW 349 HWY.
OLD TOWN, FL 32680

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, 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	ST	<input type="checkbox"/> Delete
NAME	CORBIN, JEFF	
STREET ADDRESS	HC 5M, BOX 1102	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DYALS, BENNY	
STREET ADDRESS	CR 55A	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRIDGES, JOHNNY A	
STREET ADDRESS	17356 SE 349 HWY.	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEEN, DAVID	
STREET ADDRESS	HC 3, BOX 598	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIN, WESLEY	
STREET ADDRESS	HC 1, BOX 34	
CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIMBERLY, JERRY	
STREET ADDRESS	HIGHWAY 349 SOUTH, HCI, BOX 63	
CITY-ST-ZIP	OLD TOWN, FL 32680	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	252 NE 200 Ave
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P.O. Box 462 NA
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	923 NE 592 Street
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	31 SE 189 Ave
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR
STREET ADDRESS	Booby Stroup
CITY-ST-ZIP	HC 3, Box 242 Old Town, FL 32680

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:

Jeff Corbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 352 542-9319

Date

Daytime Phone #