2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2005 8:00 am Secretary of State

DOCH										
1. Entity Nam CAVE DI	MENT # N04164 VING SECTION OF THE NA LOGICAL SOCIETY, INC.				06-01-2005 U U U U U U)47 ****70	0.00		
Principal Place of Business 2826 SHOAL CREEK VILLAGE DR. LAKELAND, FL 33803 US		Mailing Address 2109 W. US HWY 90 SUITE 170-317 LAKE CITY, FL 32055 US								
2. Principal Place of Business 2/09 W. U.S. HWY 90		3. Mailing Address								
Suite, Apr. #, etc. SuiTE 170-317		Suite, Apt. #, etc.		05122005 C	hg-NP	CR2E0	37 (10/03)	•		
City & State CITY, FL		City & State		, ,	4. FEI Number 59-243788	33			plied For t Applicable	
3205	S Country	Zip	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	.		-7. Name and Add	dress of New R	egistered	Agent	-	
HILL, KENNETH				Name Tw. CHALKLEY						
2826 SHO	AL CREEK VILLAGE DR. D. FL 33803		Street A	Street Address (P.O. Box Number is Not Abbentable)						
DAKEDAND, FE 33003								344	7/	
City OCALA FL Zip Code							78			
8. The above named entity extra 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 05.27.05										
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		\		wie requied	<u> </u>					
D	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		lake checi	k payable to		
D		Trust Fund Co	paign Financing		\$5.00 May Be	Flor	lake checi ida Depar	tment of St	ate	
10.	ue by September 7, 2005 OFFICERS AND DIF	Trust Fund Co	paign Financing ntribution.		\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	tment of St	ate	
10. TITLE NAME STREET AUDRESS	OFFICERS AND DIF D MELTON, III, AUBREY E 6920 CYPRESS LAKE CT	Trust Fund Co	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS		\$5.00 May Be Added to Fees	Flor	lake checi ida Depar	RECTORS IN	10	
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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 attacfment with an address, with all other like empowered.