

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 041 ****70.00

60014384



02042006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3136866** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

HANSEN, AURORA M
921 MAPLEWOOD AVENUE
TALLAHASSEE, FL 32303

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	D	<input type="checkbox"/> Delete
NAME	HANSEN, AURORA M	
STREET ADDRESS	921 MAPLEWOOD AVENUE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRANCISCO, FERNANDO	
STREET ADDRESS	2512 PATSY ANN LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANZO, ROSARIO	
STREET ADDRESS	922 MAPLEWOOD AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIAO, CLYDE	
STREET ADDRESS	1307 WALDEN ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	V	<input type="checkbox"/> Delete
NAME	REYES, ARNEIL	
STREET ADDRESS	3730 SWALLOWTAIL TRACE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANZO, RENE	
STREET ADDRESS	2909 GUINEVERE LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO, FERNANDO	
STREET ADDRESS	3440 GARDENVIEW WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESMETA, AMADEO	
STREET ADDRESS	2958 GIVERNY CIR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANG, JOSEPHINE	
STREET ADDRESS	3099 O'BRIEN DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 8, 2006

Date

Daytime Phone #