

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

01-21-2005 90046 010 ****61.25
08-09-2005 90001 001 ****61.25

DOCUMENT # N97000001610	
1. Entity Name JOE NIC BARCO MEMORIAL POST AUXILIARY, INC.	



Principal Place of Business KELLY LYBEK 2909 HARRISON STREET WEST INVERNESS FL 34453	Mailing Address KELLY LYBEK 2909 HARRISON STREET WEST INVERNESS FL 34453
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (5/05)

4. FEI Number 59-3213394		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LYBEK, KELLY 2909 HARRISON STREET WEST INVERNESS FL 34453		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 *Kelly Lybek* DATE 8-4-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERROD, ELLEN 8360 S. COVE PT. FLORAL CITY FL 34436 VD ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ellen Sherrod 3614 C.R 620 N Bushnell FL 33513 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARSH, PATRICIA 8237 S. FLORIDA AVE FLORAL CITY FL 34436 VD ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CINDY SHAW 9222 E. KENOSHA CT FLORAL CITY, FL 34436 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZIEMENDORF, CAROLE 6348 E. WAVERLY ST. INVERNESS FL 34452 TD ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAREEN SIMON 238 SATELLITE AVE INVERNESS, FL 34450 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYBEK, KELLY 2909 HARRISON STREET WEST INVERNESS FL 34453 SD ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERGERSON, LYNN 8360 S COVE ST FLORAL CITY FL 34436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Kelly Lybek* DATE 8-4-05 TELEPHONE 352-637-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RES
SEC
VICE
VICE
VICE
SEC