2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90077 009 ****61.25

1. Entity Nar	JMENT # N98000002 DREW'S SOCIETY OF SOUT		-		03	-28-2005 90	0077 009 **:	**61.2	25
Principal Pla 7936 GPAN NAPLES, FL		Mailing Address C/O DR. D. GEBBIE A 7936 GRAND BAY DR NAPLES, FL-34108		RIJ HIELIC	· *	,	50031	342	
	Place of Business SILVERADD ORIVE	3. Mailing Address 264 SILVER	A00	DRIVE					
Suite, Apt		Suite, Apt. #, etc.			03092005	Chg-NP	CR2E037 (1	· · · ·	
City & Sta	es fl	City & State NAPLE S	FL	·	4. FEI Number 59-35642	:06		_	plied For at Applicable
Zip 3.4.1.1.9	Country U.S.A.	34119		ntry	5. Certificate of	Status Desired		75 Add Require	
	6. Name and Address of Current I	Registered Agent			7. Name and Ac		legistered Agen	t	
GEBBIE, I	DOUGLAS DR	,			HARO M				
7936 GRA	AND BAY DR FL 34108			Street Address	(P.O. Box Number is	Not Acceptable	E		
				City		·		Zin Code	
9 The above	e named entity submits this statement for	the number of Changing its	e racistare	City NAP.	LES	n the State of Flo		Zip Code 3 4 1	
	itions of registered agent.	the purpose of changing its	4 registere	o office of registe	acd agent, or boar, i	ii the state of the	MIDE. I BITTEME	(C) ** **********************************	and accept
SIGNATURE	RICHARD MELIC Signature, typed or printed name of registered agent a		TE: Registered	L TUZLIC Agent signature require	rd when reinstating)		3 23 C	5	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (Contribution	on. 🗆	\$5.00 May Be Added to Fees	Flori	ake check pay Ida Departmer	nt of St	ate
10.	Due by May 1, 2005 OFFICERS AND DIR	Trust Fund (Contribution	on		Flori	Ida Departmer	or St	ate 10
TITLE	OFFICERS AND DIR	Trust Fund (11.	οn.	Added to Fees ADDITIONS/CHANG	Flori GES TO OFFICER	Ida Departmer	nt of St	ate
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RICHARD MELICK

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity National Plans INC. Principal Plans GRAN NAPLES, FL. 2. Principal Suite, April	Ce of Business D BAY DR -34108. Place of Business 3. t	EST FLORIDA, ailing Address 10 DR. D. GEBBIE 10 BR. D. GEBBIE	US		03092005	ATTAC SO	03	1. 3		
City & State Zip Country		City & State Zip Cou		4. FEI Number 59-356429 5. Certificate of S				<u> </u>	pplied For of Applicable ditional	
	-,					 	<u> </u>	Fee Require		
	6. Name and Address of Current Regist	ered Agent	Name		7. Name and Ad	Oless of New H	egisterea	Agent		
GEBBIE, DOUGLAS DR 7936 GRAND BAY DR NAPLES, FL 34108			Street	Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	9	
	e named entity submits this statement for the protions of registered agent. Signature, typed or printed name of registered agent and title 4		egistered office of			n the State of Flo	orida. I am	familiar with,	and accept	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees	2461690909000000000000	to the same of each of the	c payable to tment of St		
10.	OFFICERS AND DIRECTOR		11.		DDITIONS/CHAN	SES TO OFFICER	RS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACILVAINE, WILLIAM R 522 PINE GROVE LANE NAPLES, FL 34103	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	843	RGE ME O ABBING LES, FL	FTON CI	RCLE	□ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEBBIE, DOUGLAS M 7936 GRAND BAY DR NAPLES, FL 34108	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	640	IO PAT: VIA MEA PLES FL	12ER #	401	Change	⊠ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DT. RAMSAY, WILLIAM H 161 AMBLEWOOD LANE NAPLES, FL 34105	Delete	NAME STREET ADDRESS CITY-ST-ZIP	سيسمين				Charge	Addition	
title Name Street Address City-St-Zip	SD KENDALL, ROY 7032 PELICAN BAY BLVD. #301 NAPLES, FL 34108	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addillon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STARK, CALLUM 28524 SOMBRERD DRIVE BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
name Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
indicated of the cor	ertify that the information supplied with this filin on this report or supplemental report is true an poration or the receiver or trustee empowered to or on an attachment with an address, with all o	d accurate and that my so execute this report as their like empowered.	signature shall hi required by Cha	ave the sa	me legal effect as	if made under oa nd that my name	ith; that I ar appears in	n an officer o Block 10 or l	or director	
-:-:	SIGNATURE AND TYPED OR PRINTED NA	ME OF SIGNING OFFICER OR C	DIRECTOR			Date	Cay	ume Phone #		