

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90042 050 ****61.25

40006100



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1690412** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

THOMAS, DOROTHY
7300 PARK STREET
SEMINOLE, FL 33777

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	PD	<input type="checkbox"/> Delete
NAME	MURPHY, E. F.	
STREET ADDRESS	50 COE RD. #126	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOSS, WILLIAM	
STREET ADDRESS	50 COE RD., #314	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, ALAN	
STREET ADDRESS	50 COE RD APT #212	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHUTZ, TED	
STREET ADDRESS	50 COE ROAD #116	
CITY-ST-ZIP	BELLEAIR, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWS, CLARA	
STREET ADDRESS	50 COE ROAD, #224	
CITY-ST-ZIP	BELLEAIR, FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROWN, BILL	
STREET ADDRESS	50 COE RD., #331	
CITY-ST-ZIP	CLEARWATER, FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bensen Edna	
STREET ADDRESS	50 Coe Rd #113	
CITY-ST-ZIP	Belleair FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 (727) 446-3091

Date

Daytime Phone #