2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State

DOCU 1. Entity Nan THE SEC ASSOCIA			04-08-2005 90045 043 ****61.25						
1 '		Mailing Address 1130 N LAKE PARKER AVE BLDG C BOX C LAKELAND, FL 33805 US							
Principal Place of Business 3. M.		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005 C	hg-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Number 59-20933	 97	─	pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	S8.75 Ad		
,	6. Name and Address of Current Re	egistered Agent			7. Name and Ad	dress of New R	legistered Agent		
EBERSOL	Name	Peggy R. Farence							
1130 N LA	KE PARKER AVE	•	. Street A		O. Box Number is		e)		
APT C-128	8 D, FL 33805		1130	N. 1	Lake Parke	r Ave	Apt C-322		
	Cin								
	e named entity submits this statement for the tions of registered agent.	arena	Peggy B. Registered Agent signal	Fare	ence	n the State of Flo	97-6-05	, and accept	
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Flor	lake check payable Ida Department of S		
10.	OFFICERS AND DIRE	CTORS	11,		DDITIONS/CHANC	SES TO OFFICE	RS AND DIRECTORS II	V 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EBERSOLE, RICHARD 1130 N LAKE PARKER AVE APTC LAKELAND, FL 33805	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD			∑ {Change	☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMIRE, SHAWN 1130 N LAKE PARKER AVE., E133 LAKELAND, FL 33805	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOOM HOWARD 1130 N LAKE PARKER AVE C330 LAKELAND, FL 33805	XXXXDelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARENCE, PEGGY 1130 N LAKE PARKER AVE, APT (LAKELAND, FL 33805	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME	D WISE, JACK	Delete	TITLE NAME	DVP			XX Change	Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

Richard Ebersole, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daise

Daytine Phone #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1130 N LAKE PARKER AVE., A-210

LAKELAND, FL 33805

☐ Change XX Addition

Judy French 1130 N. Lake Parker Ave, E-134