

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90225 047 ****61.25

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01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0390318

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOONER, EUGENE C
5386 SYCAMORE DR
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DOONER, JOAN E
6815 GLADYS ST
OTTER ROCK, OR 97369

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEE, NANCY D
302 RIDGE DR
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDTR
DOONER, EUGENE C
5386 SYCAMORE DR
NAPLES, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEE, DERILL E
302 RIDGE DR.
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DOONER, BECKY L
5386 SYCAMORE DR
NAPLES, FL 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Eugene C. Dooner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene C. Dooner 4/24/05

Date

Daytime Phone #