

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90547 034 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

14014917



04252005 Chg-NP CR2ED097 (10/03)

4. FBI Number
59-3226469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, PINKIE P.
7300 KATY NOLL CT.
ORLANDO, FL 32818

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 of person named as registered agent and if new, applicant.

(NOTE: Registered Agent signature required when replacing)

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

TOL OFFICERS AND DIRECTORS			TOL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 03		
TITLE	VP	☒ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	MORRISON, A		NAME	HALL DENNIS	
STREET ADDRESS	4717 BEAGLE ST		STREET ADDRESS	7267 Hiawassee Oak Dr.	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32818	
TITLE	DP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	FREEMAN, PINKIE P.		NAME	HARRISON, NAOMI	
STREET ADDRESS	7300 KATY NOLL CT.		STREET ADDRESS	1208 Hiawassee Oak Dr.	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32818	
TITLE	D	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	PETERS, CLYDE		NAME	MAY, PAMELA	
STREET ADDRESS	7151 HIWASSEE OAK DR		STREET ADDRESS	4719 DOBERMAN ST.	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32818	
TITLE	D	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	MAYERS, JANICE		NAME	COPEMANN, DENNIS	
STREET ADDRESS	7301 KATY NOLL CT.		STREET ADDRESS	7133 Hiawassee BENTCIRCLE	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32818	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	RUNNER, JESSE		NAME	FREEMAN, PINKIE	
STREET ADDRESS	7103 HIWASSEE OAK DR		STREET ADDRESS	7300 KATY NOLL CT.	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	Orlando, FL 32818	
TITLE	T	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	EBANKS, JENNIE		NAME	EBANKS, JENNIE	
STREET ADDRESS	4915 LABRADOR LN		STREET ADDRESS	4915 LABRADOR LN	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32818	

12. Whereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(g), 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: Dennis L Copemann 4/28/05 407298 4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone