2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 07, 2005 8:00 am Secretary of State

1. Entity Nam	ne	# N9400000	4870 MBER PINES, JNC	06-	07-2005 90	002 004 ****61.	25			
Principal Place of Business 6872 TIMBER PINES BOULEVARD SPRING HILL, FL 34606 US Mailing Address 6872 TIMBER PINES BOUL SPRING HILL, FL 34606 SPRING HILL, FL 34606					ARD S					
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05162005 C	ng-NP	CR2E037 (10/03)		
City & State			City & State			4. FEI Number	-		pplied For	
Zip Country			Zip Cou		untry	59-3301986 Not Applicable \$ Codificate of Course Project \$ 88.75 Additional				
	6. Name and Address of Current		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	\$. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent				
						Name FRANKIE DIRODGER				
DUNCAN, SUE 6872 TIMBER PINES BLVD SPRING HILL, FL 34606					Street Address (P.O. Box Number is Not Acceptable)					
					City	City FI Zip Code				
							- C	<u> </u>		
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, typod or piciniego name of registered agent and title(A applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
Filing Fee is \$61.25 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Added to Fees Florida Department of State										
10.	DST	© OFFICERS AND DI	RECTORS Delete	11.		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIRECTORS II	N 10 Addition	
NAME SCHLUMBORM, JAMES			NAM		AE			□ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		DHOLLOW RD. IILL, FL 34606			eet address (-st-zip				ļ	
TITLE	PD		☐ Delete	TITL				☐ Change	Addition	
, name Street address	1	SKI, LEONARD ODHOLLOW RD.		NAM STRI	AE Eet address					
CITY-ST-ZIP		HILL, FL 34606		CITY						
TITLE NAME	DVP RAZZANO	D. JOHN	Delete TIT					Change	Addition	
STREET ADDRESS	EET ADDRESS 7350 WOODHOLLOW RD.			STR	EET ADDRESS				ļ	
CITY-ST-ZIP	SPRING F	HLL, FL 34606	Delete	TITL	r-ST-ZIP			☐ Change	☐ Addition	
NAME	CONIDES	, JAMES	LL Delete	NAM	Æ .			onlange	LI /Addanon	
STREET ADDRESS CITY-ST-ZIP		ODHOLLOW RD. HILL, FL 34606			EET ADDRESS (-ST-ZIP					
TITLE	 	·	Delete	TITL	ŧ Ž	- 1 2011	= -	☐ Change	Addition	
NAME STREET ADDRESS	DRESS		NAM STR	AE EET ADDRESS 74	IRIS DELLY	HOW F	Roah			
CITY-ST-ZIP			_		r-ST-ZIP	IRIS KELLY 131 WODSHD PRING HILL,	FLBE	140Le		
TITLE			☐ Delete	TITL	l l			☐ Change	☐ Addition	
NAME STREET ADDRESS	}			NAM STRI	ME EET ADDRESS					
CITY-ST-ZIP				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.										