

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90137 008 ****61.25

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01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2212945

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKPATRICK, KEN
2605 SW 33RDS STREET, BLDG 200
OCALA, FL 34474

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, 2006

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 ☐ Delete
NAME MCCALL, GERALD
STREET ADDRESS 17064 N W 86TH TERR
CITY-ST-ZIP REDDICK, FL 32686

TITLE STD ☒ Delete
NAME MAXIE, BONNIE
STREET ADDRESS 17237 NW 87TH AVE RD
CITY-ST-ZIP REDDICK, FL 32686

TITLE VD ☒ Delete
NAME KASSI, CAROLE
STREET ADDRESS 17235 NW 87 AVE. RD.
CITY-ST-ZIP REDDICK, FL 32686

TITLE D ☐ Delete
NAME CROWDER, BEN
STREET ADDRESS 2070 W LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN, FL 34481

TITLE D ☐ Delete
NAME BATEMAN, TREVOR
STREET ADDRESS 17178 NW 87TH AVE RD
CITY-ST-ZIP REDDICK, FL 32686

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition
NAME Marsh, Dierdre
STREET ADDRESS 17186 NW 87th Ave. Rd.
CITY-ST-ZIP Reddick, FL 32686

TITLE D ☐ Change ☒ Addition
NAME Sabula, Joan
STREET ADDRESS 17196 NW 87th Ave. Rd.
CITY-ST-ZIP Reddick, FL 32686

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Gerald McCall / Gerald McCall

2/27/06

352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #