


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744056</b> 1. Entity Name <b>CITIZENS FOR THE OLD LUTZ SCHOOL BUILDING, INC.</b>	
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Principal Place of Business <b>18819 U.S. HIGHWAY NO. 41 LUTZ, FL 33549 US</b>	Mailing Address <b>202 W. LUTZ LAKE FERN ROAD LUTZ, FL 33549</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
**HOEDT, PHYLLIS J.  
202 W. LUTZ LAKE FERN ROAD  
LUTZ, FL 33549**

**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: *Phyllis J. Hoedt* (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

**100000502952**  
**04/26/06-80013-011 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEDT, WILLIAM 202 W LUTZ LAKE DERN RD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEDT, PHYLLIS J. 202 W LUTZ LAKE FERN ROD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEDT, LAWRENCE W R 1312 151ST AVENUE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEVEL, BEN 18602 SAN RIO CIRCLE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PITTMAN, ELAINE 105 2ND AVE SE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVEL, BETH 18602 SAN RIO CIRCLE LUTZ, FL 33549

**DO NOT WRITE  
IN THIS SPACE**

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:** *Elaine A. Pittman (Elaine A. Pittman)* **4/6/06** **813-949-5127**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #