

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90358 024 ****61.25

00000000



03062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2205368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
3461-B FAIRLANE FARM ROAD
WELLINGTON, FL 33414

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, 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	T	<input checked="" type="checkbox"/> Delete
NAME	HONCAMP, ARNOLD	
STREET ADDRESS	1050 PRINCE PHILIP DR	
CITY-ST-ZIP	DUBUQUE, IA 52003	
TITLE	P	<input type="checkbox"/> Delete
NAME	GINN, ROBERT	
STREET ADDRESS	11854 PEBBLEWOOD DR # 10279	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BRONS, JAN	
STREET ADDRESS	11854 PEBBLEWOOD DR, # 201 A	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	VICKERY, CARIN	
STREET ADDRESS	11830 PEBBLEWOOD DR, # 201 C	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VICKERY, CARLIN	
CITY-ST-ZIP		
TITLE	SEC/TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEVELAND, JANE	
STREET ADDRESS	11818 Pebblewood Dr	
CITY-ST-ZIP	Ap + 202D WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Robert Ginn ROBERT GINN

Date

Daytime Phone #

5/19/06

(561) 790-0429