

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 23 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3381223 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FOUTZ, LORNA
6504 N. MERIDIAN ROAD
TALLAHASSEE, FL 32312

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 LORNA FOUTZ Lorna Foutz 08-23-06
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 September 6, 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	<input type="checkbox"/> Delete
NAME	FOUTZ, LORNA	
STREET ADDRESS	6504 N. MERIDIAN RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RORY, FRED	
STREET ADDRESS	5036 FORT ROAD	
CITY-ST-ZIP	GREENWOOD, FL 32443	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBINSON, ELSIE	
STREET ADDRESS	1894 OAKRIDGE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLAKE, WILLIE C	
STREET ADDRESS	6100 WOODVILLE HWY.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SETTLES, YOLANDA R	
STREET ADDRESS	405 MERCURY DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUNTER, CHRISTINE	
STREET ADDRESS	1544 LIETZ RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300079216353
STREET ADDRESS	08/29/06--01023--024 **122.50
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	
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	
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: LORNA FOUTZ Lorna Foutz 08-23-06 878-8658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #