

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

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90229 033 ****61.25

4000403M



04142006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6158819	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSTIN, GERALD T
14630 SE 1ST AVENUE ROAD
SUMMERFIELD, FL 34491

**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 _____
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C EMERT, JOE 13 TERRACEDALE COURT GRIFFIN, GA 30224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC BEDFORD, ROBERT P.O. BOX 48295 SAINT PETERSBURG, FL 33743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GERALD T. BUSTIN 14545 SE 52ND COURT SUMMERFIELD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURRAY, DEWEY 3255 W. YANKEE RD. SIX LAKES, MI 48886
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARKER, STEVE 7950 ROCK ROSE COURT INDIANAPOLIS, IN 46237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Gerald Bustin GERALD BUSTIN 4-18-06 352-245-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #