

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90007 013 ****61.25

34034000



03012004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6064616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBBINS, WILLIAM C.
2800 PARR COURT WEST
JACKSONVILLE, FL 32245-9098

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 **William C. Robbins Exec. Sec** *William C. Robbins* **3-19-04**
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, 2004

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	D	<input type="checkbox"/> Delete
NAME	JERNIGAN, RICHARD	
STREET ADDRESS	407 S MAGNOLIA AVE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	LYNCH, TOM	
STREET ADDRESS	4620 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HOWARD, ED	
STREET ADDRESS	7110 S. TAMIA MI TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	1739 BELTLINE HWY SOUTH	
CITY-ST-ZIP	MOBILE, AL 36606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, FREDDY	
STREET ADDRESS	941 E MAIN STREET	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZICH, RICH	
STREET ADDRESS	2741 N FEDERAL HIGHWAY	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Lynch	
STREET ADDRESS	2165 River Blvd	
CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7110 S. Tamiami Tr	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren Culbertson	
STREET ADDRESS	6350 Pensacola St.	
CITY-ST-ZIP	Pensacola, FL 32505	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Csicsila	
STREET ADDRESS	2085 Gulf-to-Bay Blvd	
CITY-ST-ZIP	Clearwater, FL 34525	
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 exemption stated in Section 190.07(3)(i), 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: **Richard Jernigan, Chairman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-732-2866