

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90055 038 ****70.00

40002713



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0662271

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESSLER, SANDRA R.
5526 ARLINGTON RD.
JACKSONVILLE, FL 32211

Name Martha C. Bogdan
Street Address (P.O. Box Number is Not Acceptable)
5526 Arlington Rd
City Jacksonville FL Zip Code 32211

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 Martha C. Bogdan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/05
DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	DE KOFF, BELLE K	
STREET ADDRESS	5333 COLONY COURT	
CITY-ST-ZIP	CAPE CORAL, FL 339045878	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, SANDRA R	
STREET ADDRESS	5526 ARLINGTON ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN L	
STREET ADDRESS	1600 S.E 11TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILKENS, PAUL	
STREET ADDRESS	4044 KILMARTIN DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEITH, SCOTT P	
STREET ADDRESS	3946 WEST CATTAIL POND CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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 checked="" type="checkbox"/> Addition
NAME	Bogdan, Martha	
STREET ADDRESS	5526 Arlington Rd.	
CITY-ST-ZIP	Jacksonville, FL 32211	
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 exemption stated in Section 119.07(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: Martha C. Bogdan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 904-743-2933
Date Daytime Phone #