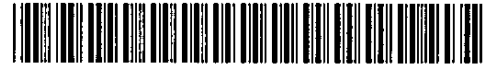


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 26 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112006 Chg-NP CR2E037 (4/06)

4. FEI Number  
23-7176698

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

HURTBISE, PAUL  
4568 EXMOOR TERR  
DUNEDIN, FL 34698

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 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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete  
NAME CAPRARA, LOUIS J  
STREET ADDRESS 2187 S BRAMBLEWOOD DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33763

☐ Change ☐ Addition  
500078231935  
08/01/06--01048--021 \*\*\$61.25

TITLE D ☐ Delete  
NAME MUNRO, PER SAM  
STREET ADDRESS 468 EXMOOR TERRACE  
CITY-ST-ZIP DUNEDIN, FL 34698

☐ Change ☐ Addition

TITLE S ☐ Delete  
NAME HURTBISE, PAUL  
STREET ADDRESS 468 EXMOOR TERR  
CITY-ST-ZIP DUNEDIN, FL 34698

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME RICE, TOM  
STREET ADDRESS 974 KNOLLWOOD DR.  
CITY-ST-ZIP DUNEDIN, FL 34698

☐ Change ☐ Addition

TITLE ER ☐ Delete  
NAME FRENCH, ARTHUR  
STREET ADDRESS 1617 HEATHER PL  
CITY-ST-ZIP PALM HARBOR, FL 34684

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME CANEY, ROBERT  
STREET ADDRESS 861 MAPLE CT #203  
CITY-ST-ZIP DUNEDIN, FL 34698

☐ Change ☐ Addition  
JC 7/28

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:

*Paul G. Hurtbise*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-06 727-461-9182

Date

Daytime Phone #