2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

ANNOAL REPURI				Secretary of State		
1. Entity Nam	MENT # 714339			BCCI	ctary or State	
1	·		2	t t		
Principal Plac	ce of Business	Mailing Address	u d <u>i</u> st in ti	1		
8251 CREWSVILLE RD. 8251 CREWSVILLE RD. ZOLFO SPRINGS, FL 33890-9728 US ZOLFO SPRINGS, FL 33890		90-9728 US	j [•	
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		**		01072005	No Chg-NP	CR2E037 (10/03)
DO NOT WRITE IN THIS SPA			ACE	4. FEI Numbe		(Applied For
				59-211		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
}	6. Name and Address of Currer	nt Registered Agent				
SKIPPER, CAROLYN				DO	NOT WA	TE
365 MOFFITT ROAD ZOLFO SPRINGS, FL 33890			A de la		THIS SPA	
-						
8. The above	e named entity submits this statement	for the number of changing its re-	visiared office or register	ed agent or bot	th in the State of Elector	Lon familiar with and const
the obliga	tions of registered agent.		· .	ed agent, or bo	ur, ur me state of monda	s. Taurianilla will, and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. INOTE: Be	gistered Agent signature required	(when reinstation)	 	CATE
	<u> </u>	*		<u> </u>		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Trust Fund Contribu		.00 May Be led to Fees		
10,	ÖFFICERS AN	D DIRECTORS		- F		
TITLE NAME	P HENDRY, JACQUELINE				****	
STREET ADDRESS	3367 CREWSVILLE RD					
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890			fhildrí skálisti. Mikrosofiet	1000003	77.05 3141-010 61,25
NAME	WALKER, KATHRYN				US. U 2(U) TE	#1791U 31. C3
STREET ADDRESS CITY-ST-ZIP	4268 PARNELL ROAD ZOLFO SPRINGS, FL 33890					
TITLE	s					
NAME STREET ADDRESS	SKIPPER, CAROLYN 365 MOFFITT ROAD					
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	·· <u>········</u>		VU	NOT WE	
TITLE NAME	D STONE, CAROL	V 100	***************************************	IN '	THIS SP/	(CE
STREET ADDRESS	5091 CREWSVILLE ROAD					
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890		- Principalitation of the control of	Designidali Salisma kalif		
NAME	D TYSON, MARTHA			700888		sisilipais sas ištija laik tilikinis s
STREET ADDRESS CITY-ST-ZIP	5945 CREWSVILLE ROAD					
TITLE	ZOLFO SPRINGS, FL 33890				Septimizacija iz izrada iz i Odnosta postalizacija	laga (Maria Lagraga) Kalandan errendan da wwa Mw

12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation of 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 open attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-73P

MAROVICH, ALICE

8915 N. HAMMOCK ROAD

ZOLFO SPRINGS, FL 33890

SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OF DIRECTOR 1/29/05 863-773-4550