

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90009 011 ****70.00

20061990



06302005 Chg-NP CR2E037 (10/03)

4. FEI Number
71-4783260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, RANDALL NEIL
2441 BROWARD ROAD
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name Thomas Randall NEIL
Street Address (P.O. Box Number is Not Acceptable)
3825 South San Pablo Rd Apt 201
City Jacksonville FL Zip Code 32224

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 Randall Neil Thomas 7-2-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25
Due by September 7, 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	D	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES E	
STREET ADDRESS	1332 IDA STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, FRED	
STREET ADDRESS	5137 118TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, RANDALL	
STREET ADDRESS	2441 BROWARD ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOK, DAVID	
STREET ADDRESS	936 DAVID RD- 85430	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Randall N	
STREET ADDRESS	3825 South San Pablo Rd Apt 201	
CITY-ST-ZIP	JACKSONVILLE FLA 32224	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, David	
STREET ADDRESS	85430 David Rd	
CITY-ST-ZIP	Yulee, FL 32097	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Talamo	
STREET ADDRESS	560 Towering Pine Dr	
CITY-ST-ZIP	JACKSONVILLE FLA 32220	
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: Randall Neil Thomas 7-2-05 904-992-7327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #