

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90016 044 ****61.25

40000806



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0873109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

CLIFTON, THERESA F
2350 RAINTREE LAKE CIRCLE
MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNROE, TERESA 3450 ERIE STREET COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORBER, DARCY 3859 ST ARMENS CIRCLE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMPSON, JANET 5110 MARKET STREET COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PICKRELL, JOE 700 N. COURTENAY PARKWAY #503 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADLEY, TIM 3585 MURRELL ROAD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EARLTINEZ, MICHELLE 133-101 WEST SUNNY LANE COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 321-636-3343
Date Daytime Phone