2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90038 029 ****70.00

DOCUMENT # 718340

1. Entity Name
FLORIDA SKYLINERS OF MIAMI, INC.

Principal Place of Business	Mailing Address
PO BOX 832401 MIAMI, FL 33283	PO BOX 832401 MIAMI, FL 33283

01092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0022190 ☐ 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
TWIGS, DAVID 8951 SW 60 TERRACE MIAMI, FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

Twigg to correct spelling only see samples attached

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 changing)

Filing Fee is $61.25
Due by May 1, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KRAWTZ, THOMAS 29529 BIG PINE ST BIG PINE KEY, FL 33043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVP BOGGS, CLARK 113 PIRATES DR KEY LARGO, FL 33037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRE MOORHEAD, PAMELA 7865 SW 106 AVE MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RODRIGUE, LISA 16721 SW 141 AVE MIAMI, FL 33177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E THOMPSON, PAMELA 13125 SW 81 AVE MIAMI, FL 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Pamela A. Moorhead 1/15/06 305-665-5063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAMELA A. MOORHEAD

ATTACHMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ATTACHMENT

DOCUMENT # 718340

1. Corporation Name
FLORIDA SKYLINERS OF MIAMI , INC

400043372

2. Principal Office Address		3. Mailing Office Address	
P.O BOX 832401		P.O. BOX 832401	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33283	Country: USA	Zip: 33283	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-16-1970

5. FEI Number: 650022190 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID TWIGG

Street Address (P.O. Box Number is Not Acceptable): 8951 SW. 60 TERRACE

Suite, Apt. #, Etc.:

City: MIAMI | State: FL | Zip Code: 33173

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: David K Twigg — Date: 8-12-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CLARK BOGGS	113 PIRATES DRIVE	KEY LARGO FLORIDA 33037
FVP	KAREN GRASSI	13700 SW. 62 STREET APT # 149	MIAMI FLORIDA 33183
SVP	LEYLA ARNER	6211 SW.116 PL. APT. H	MIAMI FLORIDA 33173
TRE	GEORGIANNA BLAND	9925 SW. 84 STREET	MIAMI FLORIDA 33073
SEC.	SANDY GREEN	8401 SW. 107 AVE. APT. 366-E	MIAMI FLORIDA 33176
EDITOR	CLARA POWELL	2274 SE. 27 DRIVE	HOMESTEAD FLORIDA 33035-1335

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Clark Boggs — CLARK BOGGS — 8/11/2003 — (305)-246-1300e:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #