

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 048 ****70.00

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03282006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7207278
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLEJOHN, SUSAN
161 FLORIDA AVE
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

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 renewing)

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LITTLEJOHN, SUSAN	
STREET ADDRESS	161 FLORIDA AVE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ENGLEBERT, CECIL	
STREET ADDRESS	2041 KIMBERLY DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROTTER, LOIS	
STREET ADDRESS	2100 GULF VIEW BOULEVARD	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, NELL	
STREET ADDRESS	1655 NARNIA COURT	
CITY-ST-ZIP	DUNEDIN, FL 34698	
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	CARL KELTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	961 McLEAN	
STREET ADDRESS	DUNEDIN, FL 34698	
CITY-ST-ZIP		
TITLE	ROTTER, LOIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LOIS HAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	622 EDGEWATER DR. - #821	
STREET ADDRESS	DUNEDIN, FL 34698	
CITY-ST-ZIP		
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		

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:

Lois Rotter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 (727) 736-1176

Date

Daytime Phone #