

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



00312006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1789963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEHAVEN, WESTI JO
1034 GULF SHORE BLVD.
ALLIGATOR POINT, FL 32346

**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 Westi Jo DeHaven, Treasurer 4/28/06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when substituting) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCALLISTER, ALLECIA 1320 ALLIGATOR DR PANACEA, FL 32346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, KEVIN 1443 ALLIGATOR DRIVE ALLIGATOR POINT, FL 32346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEHAVEN, WESTI JO 1034 GULF SHORT BOULEVARD PANACEA, FL 32346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARKER, PAUL 632 MARINER CR ALLIGATOR POINT, FL 32346
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

500075093395
05/23/06--01007--022 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

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: Westi Jo DeHaven, Treasurer 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date