

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90021 033 \*\*\*\*70.00

40098483



07032006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-2352033

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JOHNSON, BUDD R  
27690 SHRIVER AVENUE  
BONITA SPRINGS, FL 34135

## 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 Budd R. Johnson DATE 07-03-06  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25  
Due by September 6, 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	D	<input type="checkbox"/> Delete
NAME	SCHMITT, DAVID	
STREET ADDRESS	11031 ORANGEWOOD DRIVE	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, DAVID	
STREET ADDRESS	27321 DUVERNAY DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITZ, IRIS	
STREET ADDRESS	PO BOX 4	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, PEGGY	
STREET ADDRESS	9310 LORDS WAY	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISON, JOEL	
STREET ADDRESS	PO BOX 1574	
CITY-ST-ZIP	BONITA SPRINGS, FL 34133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANDON, HAROLD	
STREET ADDRESS	27425 JOANN DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlson, Jean	
STREET ADDRESS	26276 Queen Mary Lane	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, David	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vest, Kelly	
STREET ADDRESS	27611 Lime St.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McIntosh, Douglas	
STREET ADDRESS	27113 Edenbridge Ct.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramp, Wilbur	
STREET ADDRESS	9280 Pitt Rd.	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brandon, Kay	
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: Budd R. Johnson DATE 07-03-06 DAYTIME PHONE # 239-992-1312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR