

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 008 ****61.25

20006832



01302006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1891169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIRLEY, CONNIE
9708 SW 97TH ST
OCALA, FL 34481

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 reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHIRLEY, CONNIE	
STREET ADDRESS	9708 SW 97TH ST	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DE TUERK, CONSTANCE	
STREET ADDRESS	10150 N. OCEAN DR	
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434	
TITLE	COT	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, SANDRA	
STREET ADDRESS	830 S. THYME PT	
CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE	COT	<input checked="" type="checkbox"/> Delete
NAME	REED, SUSAN	
STREET ADDRESS	11690 SW 138TH LANE	
CITY-ST-ZIP	DUNNELLON, FL 34432	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MUDD, HELEN	
STREET ADDRESS	6840 SE 54TH LANE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, BERNIE	
STREET ADDRESS	8852 SW 205TH CIRCLE	
CITY-ST-ZIP	DUNNELLON, FL 34431	

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		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zimmermann, Sandra	
STREET ADDRESS	830 S. Thyme Pt	
CITY-ST-ZIP	Homosassa, FL 34448	
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: *Sandra Zimmermann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 352-795-9106
Date Daytime Phone