

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90333 024 ****61.25

50010553



03152006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-0998540

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

COLEMAN, BILL
3705 N MONROE ST
TALLAHASSEE, FL 32303

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

TITLE	TR	<input type="checkbox"/> Delete
NAME	THOMAS, LINDA	
STREET ADDRESS	3705 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HARBERT	
STREET ADDRESS	3705 N. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	LOSEY, BRICK	
STREET ADDRESS	3705 N. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TR	<input type="checkbox"/> Delete
NAME	COLEMAN, BILL	
STREET ADDRESS	3705 N. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLEMAN, SUSIE	
STREET ADDRESS	3705 N. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BAKER, PEGGYE	
STREET ADDRESS	3705 N. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR - C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Roberts	
STREET ADDRESS	3705 N. Monroe St	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carole Abbott	
STREET ADDRESS	3705 N. Monroe St	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Woolery	
STREET ADDRESS	3705 N. Monroe St	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricky Atkinson	
STREET ADDRESS	3705 N. Monroe	
CITY-ST-ZIP	Tallahassee, FL 32303	
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 empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #