

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90071 038 ****61.25

40046563



04092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2368306

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIZZI, ANGELO
4643 56TH ST
900
KENNETH CITY, FL 33709

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 reappointing)

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 NAME STREET ADDRESS CITY-ST-ZIP	P PIZZI, ANGELO 4143 56TH ST N, # 900 KENNETH CITY, FL 33709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, LOIS 6096 45TH AVE N KENNETH CITY, FL 33709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIRABASSI, FLORENCE 4300 58TH ST N, # 1809 KENNETH CITY, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, MARY 4306 59TH ST. N. #2002 KENNETH CITY, FL 33709	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, LESTER 5142 58TH LANE N. KENNETH CITY, FL 33709	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETROWSKI, ED 5693 47 AVENUE NORTH KENNETH CITY, FL 33709	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERA ST. SAUVEUR 5870 49TH AVE NORTH KENNETH CITY FL 33709	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELORES VISO 4600 46 AVE NORTH 207 KENNETH CITY FL 33709	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PHILIP REDISCH 5009 61 LANE NORTH KENNETH CITY, FL 33709	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 727 546-4291

Date

Daytime Phone #