2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 726198

1. Entity Name



FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90223 018 ****61.25

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Principal Place	e of Business		Mailing Address								
2650 SKAN CRT ORLANDO FL 32839 US			2650 SKAN CRT ORLANDO FL 32839 US				1 I FT ire H		181 1811 S(611 E1811	Bibli dibli altii	REVINSON ON 1981
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE CR2E037 (10/04)				
City & State		City & State				l " - "			Applied For Not Applicable		
Zip			Zip				5. Certificate of	f Status Desired		\$8.75 A Fee Requ	Additional iired
6. Name and Address of Current			egistered Agent				7. Name and Address of New Registered Agent				
	~ }		_		Name						·
DECUBELLIS, MEEKS & UNCAF 837 N GARLAND AVENUE ORLANDO FL 32801			HER, P.A.		Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code	
The above named entity submits this statement for the purpose of changing its register.					L ed office or	registere	diagent or both	in the State of F		familiar wi	th, and accept
	ons of registered a		a the purpose of chariging its	, chistele	Ja Onice Of	ie Bistei G	a agent, or both,	, in the State of F	oriua. Falli	ianimai Wi	an accept
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SIGNATURE _											
•	Signature, typed or printe	d name of registered agent	and title if applicable (NOTI	E. Registered	d Agent signatu	ne required w	rhen reinstaling)	E	DATE		>
F	ILE NOW: FEI Due By May	วองรับสาระบาร โดยเตารสมเสนเลยเหมืองครึ่งสิ่ง	9. Election Car Trust Fund C				\$5.00 May Be Added to Fees		ake Chec ida Depar		
10.		OFFICERS AND DI	RECTORS	11.		ΑĽ	DDITIONS/CHAN	VGES TO OFFIC	ERS AND DI	RECTORS	IN 10
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jane Jo Lena President (Jeannew Tiedeman 4/18/05 (407)841-6999 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR