

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 029 ****61.25

60018948



01142006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2037339** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CADY, EILEEN
689 W LAKE HOWARD DR
CORDO #217
WINTER HAVEN, FL 33880

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 _____ (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	VPD	<input type="checkbox"/> Delete
NAME	CADY, EILEEN	
STREET ADDRESS	689 LAKE HOWARD DR N.W. #217	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIESL, JAMES	
STREET ADDRESS	689 W LAKE HOWARD DR #4C	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AVERBECK, EVELYN	
STREET ADDRESS	689 W LAKE HOWARD DR #108	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABLE, LLOYD	
STREET ADDRESS	689 LAKE HOWARD DR. N.W. #119	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMIG, JOHN	
STREET ADDRESS	689 LAKE HOWARD DR NW, # 110	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORNER, WILLIAM	
STREET ADDRESS	689 LAKE HOWARD DR., N.W., # 117	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD
STREET ADDRESS	Barbara Horak
CITY-ST-ZIP	689 Lake Howard Dr., NW #4E Winter Haven, FL 33880

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, 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: James Schiesl *[Signature]* **863-293-8114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #