

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90230 017 ****61.25

40064173



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7347442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BONEY, ANN B
~~4840 GOODWIN STREET~~ 3815 BETTES CIRCLE
JACKSONVILLE, FL ~~32204~~ 32210

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, 2005

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	S/D	<input type="checkbox"/> Delete
NAME	CLINE, ELIZABETH	
STREET ADDRESS	835 BUCKEYE LANE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	C	<input type="checkbox"/> Delete
NAME	BONEY, ANN B	
STREET ADDRESS	4840 GOODWIN STREET 3815 Bettes Cir.	
CITY-ST-ZIP	JACKSONVILLE, FL 32204 32210	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	PAUL, ROBERT H	
STREET ADDRESS	6001 BOWDENDALE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	HEMPHILL, DAVID	
STREET ADDRESS	4223 VENETIA BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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 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: *David W. Hemphill* David Hemphill, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

904 384-3709

Daytime Phone #