

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90076 017 \*\*\*\*61.25

40083007



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1485287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BALDWIN, JANICE  
6476 FIRESTONE RD  
JACKSONVILLE, FL 32244

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	BALDWIN, JANICE
STREET ADDRESS	6476 FIRESTONE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	T
NAME	HODGE, DOUGLAS D
STREET ADDRESS	PO BOX 23
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	HT
NAME	FOURAKER, JERRY Wilkinson, Juanita
STREET ADDRESS	6334 FEDORA DRIVE 534 W. 60th Street
CITY-ST-ZIP	JACKSONVILLE, FL 32244 Jacksonville, FL 32208
TITLE	PD
NAME	MALONE, GEORGE M REV
STREET ADDRESS	7010 RAMONA BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	SSS
NAME	BRYAN, DORRY
STREET ADDRESS	9503 TRIGGERS PASS RD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: George Malone  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06 (904) 771-7777  
Date Daytime Phone #