

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90041 048 ****61.25

40015903



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1573950

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOLAN, JAMES M
4174 WOODLANDS PKWY
PALM HARBOR, FL 34685

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME WESTERMAN, FRANK
STREET ADDRESS 2460 LAURELWOOD DR 3C
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D
NAME DELANCY, MARY
STREET ADDRESS 2493 F. LAURELWOOD DR.
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D
NAME REAGAN, DENNIS
STREET ADDRESS 2476C LAURELWOOD DR.
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE PD
NAME ~~JONES, DAVID~~
STREET ADDRESS 2492 LAURELWOOD DR. # B
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE SD
NAME FUCHS, ROBERT
STREET ADDRESS 2492 LAURELWOOD DR. # C
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D
NAME DAVIS, PHYLLIS
STREET ADDRESS 2260D OAK MEAK DR.
CITY-ST-ZIP CLEARWATER, FL 33763

**DO NOT WRITE
IN THIS SPACE**

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:

Robert Fuchs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/05

Date

727-796-6999

Daytime Phone #