

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-10-2005 90044 005 ****61.25

20001048



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1539426	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

WEBB, DEBORAH K
302 7TH ST S
DUNDEE, FL 33838

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, AL 7 COVENTRY DRIVE HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARONA, MIKE 8 GRENEWOOD LN HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATERS, D. GALE 16 COVENTRY DRIVE HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELICHAR, PAUL 38 HUNTLY COURT HAINES CITY, FL 33844
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: *Michael F. Farona*

MICHAEL F. FARONA

Date

1/7/05

Daytime Phone #

863-421-2378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR