

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90068 007 \*\*\*\*70.00

**50017944**



01252005 Chg-NP CR2E037 (10/03)

4. FEI Number  
51-0189831

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

YU, LINDA Y YU, LUCIA Y. *Correction*  
1717 NW 23RD AVE.  
#2-B  
GAINESVILLE, FL 32605

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	YU, LUCIA Y	
STREET ADDRESS	1717 NW 23RD AVE., 2-B	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PETKUS, EDWARD	
STREET ADDRESS	4311 NW 36TH TERR.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	LOCKHART, MADELYN	
STREET ADDRESS	1677 NW 19TH CIR.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAUCERMAN, JAMES R	
STREET ADDRESS	1331 NW 107TH TERR/	
CITY-ST-ZIP	GAINESVILLE, FL 32696	
TITLE	MC	<input type="checkbox"/> Delete
NAME	RAMEY, ROBERT A	
STREET ADDRESS	4526 NW 36TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROZIER, VIRGINIA R	
STREET ADDRESS	320 NW 34TH TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OHANIAN, M. JACK	
STREET ADDRESS	6095 South Twin Lake Rd.	
CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETKUS, EDWARD	
STREET ADDRESS	4311 NW 36th TERR.	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIFRITT, DUANE S.	
STREET ADDRESS	1410 NW 45th STREET	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lucia Y. Yu* Treasurer Lucia Y. Yu 2-17-05 (352) 373-7132