

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 035 ****61.25

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07292005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-1432619** 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

~~FINEGAN, RANDY~~ **OOTON, ROBERT**
1440 N. MCDUFF AVENUE
KENNEL # 9
JACKSONVILLE, FL 32220

**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 ROBERT L. OOTON Robert L. Ooton 7/29/05
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 September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GURLEY, GENE
STREET ADDRESS	606 OLD BLUE SPRINGS RD
CITY-ST-ZIP	LEE, FL 32059
TITLE	P
NAME	FINEGAN, RANDY
STREET ADDRESS	8476 S. LAKE MARIETTA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	S
NAME	LAMBERT, WILLIAM IV
STREET ADDRESS	7561 BAISDEN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D
NAME	DIAL, ROBERT T SR
STREET ADDRESS	1458 PENDALL PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	D
NAME	OOTON, ROBERT L
STREET ADDRESS	773 LEBRON DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 33205
TITLE	D
NAME	TROW, BOBBY
STREET ADDRESS	3434 BLANDING BLVD. APT. 23
CITY-ST-ZIP	JACKSONVILLE, FL 32205

**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 L. Ooton 7/29/05 904-695-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #