

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

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90040 006 ****61.25

50026845



02202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

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

W.A.
PL.
5

**DO NOT WRITE
IN THIS SPACE**

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 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 \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, JEAN W.
STREET ADDRESS	12011 N.W. 148TH PL
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	MALANAPHY, MARCIA
STREET ADDRESS	3916 NW 34TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	SD
NAME	BODDINGTON, WILLIAM B.
STREET ADDRESS	100 NE 8TH AVENUE #606
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	MARILYN EISENBERG
NAME	8620-261 NW 13th ST.
STREET ADDRESS	GAINESVILLE, FL 32653
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Jean W. Thomas (JEAN W. THOMAS) 2/25/05 (386) 462-7038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #