

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90195 018 ****61.25

14004033



04232005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORE, DIANNI
1609 S. FORBES RD.
PLANT CITY, FL 33567

7. Name and Address of New Registered Agent

Name Gore, Dianne
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 Dianne Gore DATE 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BEHRENS, CHRIS	
STREET ADDRESS	4520 76TH AVE. N APT. 5	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, LAURIE	
STREET ADDRESS	6331 NIKKI LANE	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	BEHRENS, BARBARA	
STREET ADDRESS	9348 90TH TERR	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAWHORNE, STEVE	
STREET ADDRESS	5601 N. 19TH ST.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	CICCARELLO, PETER	
STREET ADDRESS	1420 E. MOHAWK	
CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	P	<input type="checkbox"/> Delete
NAME	GORE, DIANE	
STREET ADDRESS	1609 S. FORBES RD.	
CITY-ST-ZIP	PLANT CITY, FL 33567	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/A Ana Bustamante	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11008 th Ridgedale Rd.	
STREET ADDRESS	Temple Terrace, FL 33617	
CITY-ST-ZIP		
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		
TITLE	P/D	<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: Dianne Gore DATE 4/26/05 (813)
Signature and typed or printed name of signing officer or director Daytime Phone # 754 3296