

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735286

FILED
Apr 19, 2005
Secretary of State

Entity Name: ZELLWOOD IMPROVEMENT PROJECT, INC.

Current Principal Place of Business:

4230 N.O.B.T.
ZELLWOOD, FL 32798

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 674
ZELLWOOD, FL 32798674

New Mailing Address:

FEI Number: 59-3647031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUBBS, JAMES
7518 W. HOLLY ST
ZELLWOOD, FL 32798 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRADFORD, HEZEKIAH JR
Address: 573 SMOKE MONT CT.
City-St-Zip: APOPKA, FL 32712

Title: VD () Delete
Name: REYNOLD, MICHAEL
Address: 3679 MOHAWK DR
City-St-Zip: ZELLWOOD, FL 32798

Title: T () Delete
Name: GRUBBS, JAMES
Address: 7518 W HOLLY STREET
City-St-Zip: ZELLWOOD, FL 32798

Title: SD () Delete
Name: PICKARD, GLORIA
Address: 58 W 10TH STREET
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRUBBS, JAMES
Address: 7518 W HOLLY STREET
City-St-Zip: ZELLWOOD, FL 32798

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEZEKIAH BRADFORD, JR.

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date