

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90159 045 ****70.00

DOCUMENT # 741238					
1. Entity Name FLORIDA MOBILE HOME AND MANUFACTURED HOUSING POLITICAL ACTION COMMITTEE, INC.					
Principal Place of Business 2958 WELLINGTON CR NO SUITE 100 TALLAHASSEE, FL 32308 US			Mailing Address 2958 WELLINGTON CR NO SUITE 100 TALLAHASSEE, FL 32308 US		
2. Principal Place of Business		3. Mailing Address		04212005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2264899	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKELDING, JACK M. JR. 318 NORTH MONROE STREET TALLAHASSEE, FL 32302				7. Name and Address of New Registered Agent Name <u>N. Frank Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>5333 Pembroke Place</u> City <u>Tallahassee</u> FL Zip Code <u>32309</u>	
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 <u>N. Frank Williams</u> <u>[Signature]</u> <u>4-22-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	SD ROP, DANIEL N 4300 S. PINE AVE OCALA, FL 34480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARNELL, POLIE 3800 CITIBANK CENTER G3-15 TAMPA, FL 32610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jim Arnold 410 Turkey Creek Atchwa, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUEY, DAVE 5003 BRITTANY DR SOUTH SUITE 4 SAINT PETERSBURG, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nelson Steiner 4300 W. Cypress St., Ste 150 Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CASHIN, KEN 732 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATM WILLIAMS, N F 2958 WELLINGTON CIR NO SUITE 100 TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRADER, DENNIS P O BOX 368 N/A SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>N. Frank Williams - Assist Treas</u> <u>[Signature]</u> <u>850-907-9111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					