

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90024 023 ****70.00

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01242005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-0638517** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SANCHEZ, PEGGY M
655-2ND AVE., S.
ST PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name **Susan Finlaw-Dusseault**
Street Address (P.O. Box Number is Not Acceptable)
655 Second Avenue South
City **St. Petersburg** FL Zip Code **33701**

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 *Susan Finlaw-Dusseault* **Susan Finlaw-Dusseault, CEO** 1/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**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	PD	<input type="checkbox"/> Delete
NAME	SKYRME, PAMELA	
STREET ADDRESS	109 NORTH LINCOLN AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HIGHAM, JEAN	
STREET ADDRESS	7000 16TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, MARILYN	
STREET ADDRESS	219 - 27 AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAHAM-HAYNES, ROSLYN	
STREET ADDRESS	1000 62ND PLACE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KIEHNE, LYNN	
STREET ADDRESS	1200 MONTICELLO BLVD. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynda Mort	
STREET ADDRESS	207 18th Avenue NE	
CITY-ST-ZIP	St. Petersburg FL 33704	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liza Campa-Flanagan	
STREET ADDRESS	813 Jacaranda Drive	
CITY-ST-ZIP	Largo, FL 33770	
TITLE		<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: *Pamela Y. Skyrme* **Pamela Y. Skyrme** 1/27/05 727/733-8570
Signature and typed or printed name of signing officer or director Date Daytime Phone #