

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90154 001 ****61.25

20030050



01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1877098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
3461-B FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME KEMPLIN, RAY
STREET ADDRESS 11863 WIMBLEDON CIR UNIT 526
CITY-ST-ZIP WEST PALM BEACH, FL 33414 ☐ Delete

TITLE D
NAME LAWSON, CHARLES
STREET ADDRESS 1806 HWY 35
CITY-ST-ZIP OAK HURST, NJ 07155 ☒ Delete

TITLE D
NAME ~~GREENE, WILLIAM~~
STREET ADDRESS ~~1 GREENWAY~~
CITY-ST-ZIP ~~ROSLYN, NY 11567~~ ☒ Delete

TITLE D
NAME TUDOR, JUDITH
STREET ADDRESS 880 DUVALL RD
CITY-ST-ZIP GEORGETOWN, KY 40324 ☐ Delete

TITLE D
NAME MADORE, PAM
STREET ADDRESS 11863 WIMBLEDON CIR #410
CITY-ST-ZIP WEST PALM BEACH, FL 33414 ☐ Delete

TITLE VP
NAME ARMENTO, ROCKY
STREET ADDRESS 11863 WIMBLEDON 414
CITY-ST-ZIP WELLINGTON, FL 33414 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Treasurer
NAME Thomas Higgins
STREET ADDRESS 8 Red Oak Ct
CITY-ST-ZIP Voorhees, NJ 08043 ☐ Change ☒ Addition

TITLE Director
NAME Joyce Coroniti
STREET ADDRESS 11863 Wimbeldon Cir #542
CITY-ST-ZIP Wellington ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Raymond Kemplin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/106/05

Date

Daytime Phone #