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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT		Jan 12, 2005 8:00 au Secretary of State
DOCUMENT # 746038		01-12-2005 90005 031 ****70.00

30 IRS LANE DEBARY, FL 32713-0165 DEBARY, FL 32753-0279 US  2. Principal Place of Business  Suite, Apt. #, etc.  O1072005 Chg-NP CR2E037 (10/03)  City & State  Country  Street Registered Status Desired  S8-75 Add  Row People on the Week Registered Agent  THORPE. JOHN 30 IRIS LANE DEBARY, FL 32713  Street Address (P.O. Box Number is Not Acceptable)  City  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  Debary, FL 32713  Make check payable to Florida. I am termital with, the obligations of registered agent, or both, in the State of Florida. I am termital with, the obligations of registered agent, or both, in the State of Florida. I am termital with, the obligations of registered agent, or both, in the State of Florida.  Intermital Country  Street Address (P.O. Box Number is Not Acceptable)  Debter  FL 32/2 Country  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  Debter  FL 32/2 Country  Street Address (P.O. Box Number is Not Acceptable)  Debter  FL 32/2 Country  FL 32/2 Country  FL 32/2 Country  FL 32/2 Country  Street Address of New Registered Agent  Address (P.O. Box Number is Not Acceptable)  Debter  FL 32/2 Country  FL 32/2	olied For Applicable tional
Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  O1072005 Chg-NP CR2E037 (10/03)  Chy & State  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired S8.75 Add Fee Required Fee Required S1 Name  SITE Address of New Registered Agent  THORPE, JOHN 30 IRIS LANE  DEBARY, FL 32713  SIGNATURE  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2005  Trust Fund Contribution.  SIGNATURE  THORPE, JOHN  SIGNATURE  THORPE, JOHN  SIGNATURE  THORPE, JOHN  SIGNATURE  THE VILLAGES, FL 32162  TO SPECIAL STREET  OTHER STREET ADDRESS  CITY-ST-2P  THE VILLAGES, FL 32162  TITE  NAME  SIREET ADDRESS  CITY-ST-2P  DEBARY, FL 33614  TITE  NAME  SIREET ADDRESS  CITY-ST-2P  DEV, M.L. RANDY  SIREET ADDRESS  CITY-ST-2P  Change  CARDONES ADD THE CITY ADDRESS  CITY-ST-2P  Change  CARDONES ADD THE CITY ADDRESS  CITY-ST-2P  Change  CARDONES ADDRESS  CITY-ST-2P  CHANCE  SOURCHARD ADDRESS  CITY-ST-2P  CHANGE  CHANGE  STREET ADDRESS  CIT	olied For Applicable tional
City & State  City & State of Status Desired  Street Address of New Registered Agent  Name  Name  Name  Name and Address of New Registered Agent  Name  City   City  FL	Applicable tional
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  THORPE, JOHN 30 IRIS LANE  DEBARY, FL 32713	Applicable tional
Signature   Sign	tional
THORPE, JOHN 30 IRIS LANE DEBARY, FL 32713 TELES  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Florida Department of st  Florida Department of	
THORPE, JOHN 30 IRIS LANE DEBARY, FL 32713 THE STREET ADDRESS OTHER ADDR	
City FL 32713  8. The above names entity submits this statement for the burpose of changing its registered agent, or both, in the State of Forida. I am familiar with, the obligations of registered agent, or both, in the State of Forida. I am familiar with, the obligations of registered agent and side if expiration.  SIGNATURE    Syntaure, hyped or printed name of regulared agenthed side if expiration.   (NOTE Registered Agent signature required when reinstating)   DATE	
8. The above named entity systmits this statement for by purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent systems of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent systems of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligation of registered agent, or both, in the State of Florida. I am familiar with, the obligation of registered agent, or both, in the State of Florida. I am familiar with, the obligation of registered agent, or both, in the State of Florida. I am familiar with, the obligation of registered agent, or both, in the State of Florida. I am familiar with, the familiar with.    Different Popularian of State of Plants of Registered Agent signature required when reinstaing)    DATE	
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SIGNATURE    Signature, typed or printed name of registered ageryland tide of applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	ind accept
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STREET ADDRESS 14916 NEWPORT ROAD STREET ADDRESS	
CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP	☐ Addition
TITLE D Delete TITLE Change	☐ Addition
NAME BINDER, TAMMY STREET ADDRESS 1767 HERMITAGE BLVD #12301 STREET ADDRESS	☐ Addition
CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP	Addition 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 in	Addition Addition - Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inindicated on this report or supplemental report is true and accorrate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or trustee empowered to effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an address, with all other like empowered.	Addition Addition - Addition
changed, or on art attachment with an address, with all other like empowered.	Addition Addition - Addition