

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90063 017 \*\*\*\*61.25

**DOCUMENT # 749835**

1. Entity Name

THE RHYTHM LOVERS, INC.



Principal Place of Business

1000 S. K STREET  
PENSACOLA FL 32501  
US

Mailing Address

P.O. BOX 17293  
PENSACOLA FL 32522  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3002359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, TOM  
1018 E. BURGESS ROAD  
PENSACOLA FL 32504

Name

William A. Tate

Street Address (P.O. Box Number is Not Acceptable)

1243 Pensacola Drive

City

Lillian, AL

Zip Code

36549

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 *William A. Tate*

William A. Tate

3-12-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 SD ☐ Delete  
NAME SHARP, LINDA  
STREET ADDRESS 4130 APRIL ROAD  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE PD ☒ Delete  
NAME LONG, TOM  
STREET ADDRESS 1018 E. BURGESS ROAD  
CITY-ST-ZIP PENSACOLA FL 32504

TITLE VD ☒ Delete  
NAME TATE, WILLIAM A  
STREET ADDRESS 1243 PENSACOLA DRIVE  
CITY-ST-ZIP LILLIAN AL 36549

TITLE TD ☐ Delete  
NAME ~~TATE, WILLIAM A~~ Ellen M. Black  
STREET ADDRESS 6129 CONFEDERATE DRIVE  
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition  
NAME William A. Tate  
STREET ADDRESS 1243 PENSACOLA DRIVE  
CITY-ST-ZIP LILLIAN, AL 36549

TITLE ☐ Change ☒ Addition  
NAME Ed Cochran  
STREET ADDRESS 7200 LILLIAN Hwy. Apt 602  
CITY-ST-ZIP PENSACOLA FL 32506

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

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

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #