

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90053 012 \*\*\*\*61.25

50010488



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
05-0160062

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LIETZKE, SHIRLEY  
7100 ULMERTON SUITE 2058  
LARGO, FL 33771

## 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

*Shirley Lietzke*

(NOTE: Registered Agent signature required when reinstating)

1/20/2005  
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	SD	<input type="checkbox"/> Delete
NAME	LIETZKE, SHIRLEY	
STREET ADDRESS	7100 ULMERTON SUITE 2058	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIESS, KENNETH	
STREET ADDRESS	7100 ULMERTON #1208	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAY, JERRY	
STREET ADDRESS	7100 ULMERTON RD., #2189	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, JOAN	
STREET ADDRESS	7100 ULMERTON #2065	
CITY-ST-ZIP	LARGO, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CUTTING, HOWARD	
STREET ADDRESS	7100 ULMERTON #808	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACK, DONALD	
STREET ADDRESS	7100 ULMERTON #336	
CITY-ST-ZIP	LARGO, FL 33771	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BENTLEY	
STREET ADDRESS	7100 ULMERTON #252	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD TROUBLEFIELD	
STREET ADDRESS	7100 ULMERTON #1101	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY JO MEUBUORN	
STREET ADDRESS	7100 ULMERTON #2001	
CITY-ST-ZIP	LARGO, FL 33771	
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		<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: *Howard K. Cutting* HOWARD K. CUTTING 1-20-05 727-538-4715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #