

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90374 023 ****61.25

4007444V



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2122883

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

MCKINNON, CHARLES
3405 OCEAN DR
VERO BEACH, FL 32963

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, 2006

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	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, MELFORT	
STREET ADDRESS	2636 OCEAN DR #301	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SEEBECK, ROBERT	
STREET ADDRESS	2636 OCEAN DR #302	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, TOM	
STREET ADDRESS	2636 OCEAN DR #402	
CITY-ST-ZIP	VERO BCH, FL 32963	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILBURN, PAUL D	
STREET ADDRESS	2636 OCEAN DR / STE - 206	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACKINNEY, HAROLD	
STREET ADDRESS	2636 OCEAN DRIVE #406	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METCALFE, NANCY	
STREET ADDRESS	2636 OCEAN DR #301	
CITY-ST-ZIP	VERO BEACH, FL 32963	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merriman, Harold	
STREET ADDRESS	2636 Ocean Dr. 303	
CITY-ST-ZIP	VERO Beach FL. 32963	
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	PA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hahn, Thomas	
STREET ADDRESS	2636 Ocean Dr STE 206	
CITY-ST-ZIP	VERO Beach FL. 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClure, Archibald	
STREET ADDRESS	2636 Ocean Dr. 405	
CITY-ST-ZIP	VERO Beach FL. 32963	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3-20-6 563-260-3763

Date

Daytime Phone #