## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90084 002 \*\*\*\*61 25

1. Entity Nam	IINOLE COUNTY FEDERAT		04-13-2003 90084 00	<i>J</i> 2 (	51.23				
	e of Business I <del>TATION BLVD.</del> FL <del>-32746 — US</del>	Mailing Address 511 W. PLANTATION B LAKE MARY, FL 32740			garder t.g.				
	lace of Business E. 157 ST	3. Mailing Address							
Suite, Apt. AP7	#, etc. 12 E	Suite, Apt. #, etc.			hg-NP CR2E037 (	· ,	<del></del>		
City & State	FORD -L	SANFORD	FL_	4. FEI Number NOT APPL		Not	Applicable		
Zip 3277	SEMINDLE	32771	SEMINOLLE	5. Certificate of S	Fer	3.75 Addit e Required			
<u> </u>	5. Name and Address of Current F	Registered Agent	Name 1:	7. Name and Add	dress of New Registered Age	ent			
-GRIFFITH	HELEN- ANTATION BLVD:		<u>i</u> _	ろいたと、V <u>, V,</u> Idress (P.O. Box Number is	Not Acceptable)				
	RY, FL 32748		- 7	II E. 167 3T					
	\$ 1		City Q	Pr 12 E	FL	Zip Code			
	named entity submits this statement for	the purpose of changing its		NFO25 registered agent, or both, in		コカフラ hiliar with, a			
the obligat	ions of registered agent.			,					
SIGNATURE Elizabeth M. Celler Dussel 12 April 2005 Styrature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typeti or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating)	DATE				
. :	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check p Florida Departm	ent of Sta	ıte		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Cal Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Florida Departm	ent of Sta	nte		
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHANCE  AKERS, ELIZA	Florida Departm  SES TO OFFICERS AND DIRECT  A /3 ETH M.	ent of Sta	ıte		
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIR T GRIFFITH, HELEN 511 W. PLANTATION BLVD.	9. Election Cal Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	Florida Departments 10 OFFICERS AND DIRECT A 13ETH M.	ent of Sta CTORS IN 1 Change	nte		
TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIR T GRIFFITH, HELEN	9. Election Cal Trust Fund (	mpaign Financing Contribution.  11.  TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  AKERS, ELIZE  815 ELM A  SANFORD, 1	Florida Departm SES TO OFFICERS AND DIREC A 13ETH M. E V CL 32771-259	ent of Sta CTORS IN 1 Change	nte		
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIR T GRIFFITH, HELEN 511 W. PLANTATION BLVD. LAKE MARY, FL D WATKINS, BARBARA	9. Election Cal Trust Fund ( ECTORS	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE  AKERS, ELIZE  815 ELM A  SANFORD, 1	Florida Departm SES TO OFFICERS AND DIREC A 13ETH M. E V CL 32771-259	ETORS IN Change	10 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIR T GRIFFITH, HELEN 511 W. PLANTATION BLVD. LAKE MARY, FL	9. Election Cal Trust Fund ( ECTORS	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	Florida Departmoses TO OFFICERS AND DIRECT A 13ETH M.  V L 32771-259	ETORS IN Change	10 Addition		
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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:	Elizabeth M. Oker - F.	 2 April 2005	407-321-5172
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