

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2306476 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

MARINO, MARY C
1421 ARCHER ST
LEHIGH ACRES, FL 33972

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

Mary C. Marino

8-17-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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	P	<input type="checkbox"/> Delete
NAME	BERNDT, MERLIN BUD	
STREET ADDRESS	2405 CHERRY CT	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARINO, MARY C	
STREET ADDRESS	1421 ARCHER ST	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHELLEY, ELLA	
STREET ADDRESS	178 BERMONT AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	TR	<input type="checkbox"/> Delete
NAME	TALBOT, BEVERLY	
STREET ADDRESS	608 L'HOMMEDIEU	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	TR	<input type="checkbox"/> Delete
NAME	TREMBLAY, RAYMOND	
STREET ADDRESS	1621 COUNTRY CLUB PKWY	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HOSLER, ROBERT	
STREET ADDRESS	803 E THIRD ST	
CITY-ST-ZIP	LEHIGH ACRES, FL 33972	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300079054063
STREET ADDRESS	08/23/06--01030--022 **70.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer
STREET ADDRESS	William F. Busch
CITY-ST-ZIP	800 E. 10th Street
	LehighAcres, FL 33972
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 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:

Mary C. Marino

MARY C. MARINO

8/17/06

239-

369-3348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #