

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90385 020 \*\*\*\*70.00

14012331



04192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2142786

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GOODWIN, MORRIS  
150 DUNDEE RD  
SUITE A  
DAYTONA BEACH SHORE, FL 32118

## 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

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	BROWNING, DORIS	
STREET ADDRESS	291 FLEMING DR	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEINBOHM, PAUL	
STREET ADDRESS	1321 MARDRAKE RD.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOODWIN, MORRIS	
STREET ADDRESS	150 DUNDEE RD., STE A	
CITY-ST-ZIP	DAYTONA BEACH SHORE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, SHIRLEY	
STREET ADDRESS	5835 NORDE DR., WEST	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, HENRY	
STREET ADDRESS	3720 N.W. 61 PLACE.	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, SALLY	
STREET ADDRESS	324 NW 48TH BLVD.	
CITY-ST-ZIP	GAINESVILLE, FL 32607	

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

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bannon, John	
STREET ADDRESS	One Ligustrum Circle	
CITY-ST-ZIP	Ormond By The Sea, FL 32176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fowler, Pat	
STREET ADDRESS	P.O. Box 10274	
CITY-ST-ZIP	Jacksonville, FL 32247	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Henry	
STREET ADDRESS	3720 N.W. 61 Place	
CITY-ST-ZIP	Gainesville, FL	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larson, Sally	
STREET ADDRESS	324 NW 48th Blvd	
CITY-ST-ZIP	Gainesville, FL 32607	

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:

*Morris W. Goodwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris W. Goodwin

Date

Daytime Phone #

5/26/2005 386-788-9516