## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Nam	MENT # 755964 HENSIVE COMMUNITY SE	04.	-15-2005 90099 (	028 ****61	.25			
Principal Place 506 S. OHIO LIVE OAK, FL	AVE.	Mailing Address PO DRAWER L LIVE OAK, FL 32064	US		20034123		181 21 1671	
Principal Place of Business		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E	037 (10/03)	•	
City & State		City & State	City & State		ć <b>a</b> øv∉ 59-206	64304 Ap	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
506 S. OH				BBIE LAKE ress (P.O. Box Number is Not Acceptable) S. OHIO AVE.				
LIVE OAK,	FL 32064		<u> </u>					
8. The above named onlity submits this statement for the purpose of changing its registered				LIVE OAK FL Zip Code 32064				
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	gistered office or regi	stered agent, or both, in t	the State of Florida. I ar	m familiar with,	and accept	
SIGNATURE .	-/ · · · · · · · · · · · · · · · · · · ·	· .					·*	
/	Signature, typed or purited ame of registered agent	and title if applicable. (NOTE: R	egistered Agent signature req	uired when reinstating)	DATE	<u></u>		
· / · · · · · · g · · · · · · · · · · ·		-   -	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	*OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME	PRESIDENT LYONS PAM	☐ Delete		ICE PRESIDENT EANNETTE CLAI		☐ Change	X Addition	
STREET ADDRESS	405 NLOWDER ST		STREET ADDRESS 1	4001 SR 51				
CITY-ST-ZIP	MACCLENNY, FL		CITY-ST-ZIP T	7001 DK JI				
TITLE NAME		i X Ωoloto		IVE OAK, FL	32060	☐ Channe	<b>₩</b> Addition	
	MITCHELL, RICHARD E	Delete	TITLE T	<u>IVE OAK, FL</u> REASURER	32060	☐ Change	<b>☆</b> Addition	
STREET ADDRESS	511 GOLD KIST BLVD3	☑ Delete	TITLE T NAME D STREET ADDRESS P	IVE OAK, FL		☐ Change	<b>☒</b> Addition	
STREET ADDRESS CITY-ST-ZIP	· ·		TITLE T NAME D STREET ADDRESS CITY-ST-ZIP T	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 EVE OAK, FL		☐ Change	★ Addition     ★ Addition     ★ Addition	
CITY-ST-ZIP  TITLE /	511 GOLD KIST BLVD3 LIVE OAK, FL Ø EXECUTIVE DIRECTO LAKE, BOBBIE		TITLE T  NAME D  STREET ADDRESS CITY-ST-ZIP  TITLE S  NAME E	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 TVE OAK, FL ECRETARY RVIN DONALDS	6 - <del>32064</del>			
CITY-ST-ZIP	511 GOLD KIST BLVD3 LIVE OAK, FL DEXECUTIVE DIRECTO		TITLE TOWARD TOW	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 EVE OAK, FL ECRETARY RVIN DONALDSO OBOX 523	6 <del>320</del> 64 ON			
CITY-ST-ZIP  TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	511 GOLD KIST BLVD3 LIVE OAK, FL Ø EXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL		TITLE TO NAME DESTREET ADDRESS CITY-ST-ZIP TITLE SAMME STREET ADDRESS CITY-ST-ZIP J	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 EVE OAK, FL ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 32 IRECTOR	6 - <del>320</del> 64 ON 2052			
CITY-ST-ZIP  TITLE / NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME	511 GOLD KIST BLVD3 LIVE OAK, FL  Ø EXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL  Ø DIRECTOR MATHIS, COLETA	DR. 🗖 Delate	TITLE TO NAME DISTRECT ADDRESS CITY-ST-ZIP TITLE SAMME STREET ADDRESS CITY-ST-ZIP J TITLE DISTRECT ADDRESS PICTY-ST-ZIP J TITLE DISTRECT ADDRESS SAMME SITURE STREET ADDRESS SITURE STREET ADDRESS SAMME SAMME SITURE STREET ADDRESS SAMME S	IVE OAK, FL REASURER AVID FINA O DRAWER 1546 IVE OAK, FL ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 32 IRECTOR HELDON BEASL	6 <del>32064</del> ON 2052 EY	☐ Change	X Addition	
CITY-ST-ZIP  TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	511 GOLD KIST BLVD3 LIVE OAK, FL Ø EXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL	DR. 🗖 Delate	TITLE TO NAME TO STREET ADDRESS CITY-ST-ZIP TITLE SAMME STREET ADDRESS CITY-ST-ZIP J TITLE DAMME STREET ADDRESS 6	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 EVE OAK, FL ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 32 IRECTOR	6 32064 ON 2052 EY 5	☐ Change	X Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	511 GOLD KIST BLVD3 LIVE OAK, FL  EXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL  DIRECTOR MATHIS, COLETA RT. 1 BOX 277 BRANDORD, FL	DR. 🗖 Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SNAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP M  TITLE NAME TITLE TD TT	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 EVE OAK, FL ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 32 IRECTOR HELDON BEASL 130 S. CR 129 IRECTOR	6 32064 ON 2052 EY 5	☐ Change	X Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	511 GOLD KIST BLVD3 LIVE OAK, FL  EXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL  DIRECTOR MATHIS, COLETA RT. 1 BOX 277 BRANDORD, FL  T WALKER, WANDA	DR. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SAMME STREET ADDRESS CITY-ST-ZIP  TITLE D NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP M TITLE NAME TITLE NAME J NAME J	IVE OAK, FL REASURER AVID FINA O DRAWER 1546 ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 32 IRECTOR HELDON BEASL 130 S. CR 125 ACCLENNY, FL IRECTOR ACKIE DOVE	6 32064 ON 2052 EY 5 32063	☐ Change	X Addition X Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	511 GOLD KIST BLVD3 LIVE OAK, FL  DEXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL  DIRECTOR MATHIS, COLETA RT. 1 BOX 277 BRANDORD, FL  T WALKER, WANDA 590 5TH ST	DR. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NAME STREET ADDRESS CITY-ST-ZIP  MM  TITLE NAME STREET ADDRESS CITY-ST-ZIP  M  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS P	IVE OAK, FL REASURER AVID FINA O DRAWER 1540 EVE OAK, FL ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 33 IRECTOR HELDON BEASL 130 S. CR 125 ACCLENNY, FL IRECTOR ACKIE DOVE O. DRAWER Q	6 32064 ON 2052 EY 5 32063	☐ Change	X Addition X Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	511 GOLD KIST BLVD3 LIVE OAK, FL  EXECUTIVE DIRECTO LAKE, BOBBIE 375 WESTMORELAND ST LIVE OAK, FL  DIRECTOR MATHIS, COLETA RT. 1 BOX 277 BRANDORD, FL  T WALKER, WANDA	DR. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE SAMME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP L	IVE OAK, FL REASURER AVID FINA O DRAWER 1546 ECRETARY RVIN DONALDSO O. BOX 523 ASPER, FL 32 IRECTOR HELDON BEASL 130 S. CR 125 ACCLENNY, FL IRECTOR ACKIE DOVE	6 32064 ON 2052 EY 5 32063	☐ Change	Addition  Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

GREG GODWIN

207 NE 1ST ST., ROOM 106

NAME

STREET ADDRESS

NING OFFICER OR DIRECTOR

COLETA MATHIS

RT. 1 BOX 277

Oaytime Phone #