

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 039 ****61.25

40000000



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2202188

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KERSTEEN, ROBERT
2821 61ST LN NO
ST PETERSBURG, FL 33565

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	BMDS
NAME	FAULKNER, BETH
STREET ADDRESS	8280 ROBIN RD.
CITY-ST-ZIP	LARGO, FL 34647
TITLE	BMDP
NAME	KERSTEEN, ROBERT
STREET ADDRESS	2821 615 LANE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	D
NAME	MAAS, JOE
STREET ADDRESS	6450 SHORELINE DR UNIT 904
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	BMD
NAME	CONTO, JOHN
STREET ADDRESS	1420 SOUTH HILLCREST AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	T
NAME	HAINISCH, RICHARD
STREET ADDRESS	8520 GARDENIA DR
CITY-ST-ZIP	SEMINOLE, FL 33777
TITLE	Asst Sec
NAME	THOMAS D. ADAMS
STREET ADDRESS	3804 GULF BLVD.
CITY-ST-ZIP	ST. PETE BEACH, FL 33706

addition

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/16/06