

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90043 034 ****61.25

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02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2166657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUOZZI, JOSEPH
19700 GULF BLVD. #501
INDIAN SHORES, FL 33785

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, 2006

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	VD	<input type="checkbox"/> Delete
NAME	BROWN, EUGENE	
STREET ADDRESS	19700 GULF BLVD, #601	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, DEBRA	
STREET ADDRESS	19700 GULF BLVD, #406	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, HARRY	
STREET ADDRESS	19700 GULF BLVD, #403	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUOZZI, JOSEPH	
STREET ADDRESS	19700 GULF BLVD, #501	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODGES, JAMES	
STREET ADDRESS	19700 GULF BLVD #501	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATHENY, LEONARD A SR	
STREET ADDRESS	7033 N MAPLE DR	
CITY-ST-ZIP	COLOMA, MI 49038	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Chetcuti	
STREET ADDRESS	2166 Paramount Blvd.	
CITY-ST-ZIP	Bakville, Ontario, Canada L6H6T4	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margo Hodges	
STREET ADDRESS	19700 Gulf Blvd., #401	
CITY-ST-ZIP	Indian Shores, FL 33785	
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:

JOSEPH A. SUOZZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-06

Date

727-595-8208

Daytime Phone #