

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90033 007 \*\*\*\*61.25

**40015694**



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>74-2594314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SMILEY, JOHNNY L.  
~~2429 US HWY 27 SOUTH~~ *145 W Orange Ave*  
~~LAKE WALES, FL 33853~~ *LAKE WALES, FL 33853 - 4010*

**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 *Johnny L. Smiley* *Johnny L. Smiley* *02/04/2005*  
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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SMILEY, JOHNNY L. <del>17024 HWY 27</del> <i>145 W Orange Ave</i> <del>LAKE WALES, FL 33853</del> <i>33853-4010</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMILEY, ELIZABETH G. <del>17024 HWY 27</del> <i>145 W Orange Ave</i> <del>LAKE WALES, FL 33853</del> <i>33853</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, RUTHA M. 435 AUSTIN STREET LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, ROBERT JR. 144 TAFT STREET LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Elizabeth G. Smiley* *02/04/2005* *863/676-8687*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Elizabeth G. Smiley*