

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90030 034 ****61.25

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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2246799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, DARRELL
5306 EFFIE LANE
APOPKA, FL 32712

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 PD ☐ Delete
NAME MORGAN, DARRELL
STREET ADDRESS 5306 EFFIE DRIVE
CITY-ST-ZIP APOPKA, FL

TITLE SD ☐ Delete
NAME MAY, BETTY
STREET ADDRESS 1308 WEKIVA SPRINGS R
CITY-ST-ZIP APOPKA, FL 32712

TITLE VT ☐ Delete
NAME MORGAN, LISA
STREET ADDRESS 5306 EFFIE DRIVE
CITY-ST-ZIP APOPKA, FL 32712

TITLE SD ☒ Delete
NAME NEFF, JIM
STREET ADDRESS 158 N THOMPSON RD
CITY-ST-ZIP APOPKA, FL 32703

TITLE D ☐ Delete
NAME ANDERSON, KEVIN
STREET ADDRESS 10418 SPARKLE CT
CITY-ST-ZIP ORLANDO, FL 32836

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME May, Betty D
STREET ADDRESS 1606 Alameda St
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04 407-886-7427