

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90303 036 ****61.25

6004533



02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2400802

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGAL, JACK
11405 ALDEN CT.
HUDSON, FL 34667

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 NAME STREET ADDRESS CITY-ST-ZIP	D REINHARD, HARVEY 2239 LEMA DR SPRING HILL, FL 34609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPIEGEL, JACK 11405 ALDEN CT. HUDSON, FL 34667	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, JOSEPH 2115 ARBUCKLE RD SPRING HILL, FL 34608	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLIGAN, JAMES 9225 BUNTING RD BROOKSVILLE, FL 34613	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PLETIRICKS, DAVID REV 13399 BONDSTONE ST SPRING HILL, FL 34609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOKER, ELIZABETH 13337 DON LOOP SPRING HILL, FL 34609	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joel Schmidt 3020 Esplanade Drive New Port Richey, FL 34655	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Jack Spiegel JACK SPIEGEL

4/8/06 352-686-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #