

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90241 029 \*\*\*\*61.25

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01082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2625913**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KOSTELNICK, JOHN  
2021 NW 13H ST.  
CRYSTAL RIVER, FL 34428

## 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	P	<input type="checkbox"/> Delete
NAME	KOSTELNICK, JOHN	
STREET ADDRESS	2021 NW 13TH STREET	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	1V	<input checked="" type="checkbox"/> Delete
NAME	KOSTELNICK, JOHN	
STREET ADDRESS	2021 NW 13TH ST.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	2V	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, HARRY	
STREET ADDRESS	1841 NW 15TH ST	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHIRMER, CHUCK	
STREET ADDRESS	1910 NW 17TH ST.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOWEN, MARC	
STREET ADDRESS	1850 NW 16TH ST.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, HERMAN	
STREET ADDRESS	2910 NW 17TH STREET	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	IV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schrimer, Sue	
STREET ADDRESS	1840 NW 19th	
CITY-ST-ZIP	Crystal River, FL 34428	
TITLE	2V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hollis, Iris	
STREET ADDRESS	1920 NW 19th	
CITY-ST-ZIP	Crystal River, FL 34428	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn Farley	
STREET ADDRESS	1461 NW 19th	
CITY-ST-ZIP	Crystal River, FL 34428	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hastings, Mindi	
STREET ADDRESS	1514 NW 17th	
CITY-ST-ZIP	Crystal River, FL 34428	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John Michael Kostelnick*  
**John Michael Kostelnick**  
January 12, 2006  
352-795-7653