

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

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

05-03-2005 90061 035 ****61.25

40077366



04182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2855456

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALTER, JOE M
1699 HWY 98W #205
MARY ESTHER, FL 32569

**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 _____
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	PDD
NAME	SALTER, JOE T
STREET ADDRESS	1699 W HWY 98 #205
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	SD VP
NAME	LONG, NORMAN D
STREET ADDRESS	829 LINDA DRIVE
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	VP
NAME	SEIGUNA, GARY B
STREET ADDRESS	1609 HWY 98W #101
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	T
NAME	SWANSON, NATALIE A
STREET ADDRESS	1609 HWY 98W #101
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	TD
NAME	Jill Buneta
STREET ADDRESS	1699 Hwy 98 W. #106
CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	SD
NAME	Jeannie Krzan
STREET ADDRESS	1699 Hwy 98 W. Box 505
CITY-ST-ZIP	Mary Esther, FL 32569

**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: Joe M. Salter, Pres. 4-28-5 850-581-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #