

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 DEC -1 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



07122006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1092007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, DARRELL
800 SW 16TH ST #22
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name MILLS, BOBBY C
Street Address (P.O. Box Number is Not Acceptable)
36 LAKESIDE CIRCLE
City PAHOKEE FL Zip Code 33476

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 Bobby C Mills commander Bobby C Mills 9-25-06
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 September 6, 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 CD
NAME MAROTTA, RALPH ☒ Delete
STREET ADDRESS 101 S.E. AVENUE D
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ADJD
NAME WILLIAMS, DARRELL ☒ Delete
STREET ADDRESS 800 SW 16TH ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE FD
NAME SIMS, HOWARD ☒ Delete
STREET ADDRESS 8 NW AVE G
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE DV
NAME SPOONER, JOHN ☒ Delete
STREET ADDRESS P.O. BOX 999
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Change ☒ Addition
NAME MILLS, BOBBY C.
STREET ADDRESS 36 LAKESIDE CIRCLE
CITY-ST-ZIP PAHOKEE, FLA 33476

TITLE ADJD ☐ Change ☒ Addition
NAME PRIMMER, FRANK G.
STREET ADDRESS 1140 NE 25TH ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE FD ☐ Change ☒ Addition
NAME MAROTTA, RALPH J.
STREET ADDRESS 518 E ESPERANZA AVE
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☐ Change ☒ Addition
NAME RUTH, CHARLES
STREET ADDRESS PO BOX 511
CITY-ST-ZIP CANAL POINT, FL 33438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500080388905
10/03/06--01026--004 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500080388905
12/01/06--01056--004 **166.25

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: RALPH MAROTTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-06 863-983-7214
Date Daytime Phone #