

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

04-14-2006 90138 023 ****70.00

66021891



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2270591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KELLOUGH, JALANE
1650 S DIXIE HWY
FTH FLOOR
BOCA RARTON, FL 33432

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

Jalane S. Kellough

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/06

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	M	<input type="checkbox"/> Delete
NAME	KELLOUGH, JALANE	
STREET ADDRESS	1650 S DIXIE HWY SUITE 500	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SLEMP, DALE	
STREET ADDRESS	18856 E SARATOGA CIRCLE	
CITY-ST-ZIP	AURORA, CO 80015	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAWDSLEY, HAROLD	
STREET ADDRESS	3025 45TH ST	
CITY-ST-ZIP	MOLINE, IL 61265	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOYANAC, STEVE	
STREET ADDRESS	5110 E VULCAN CT	
CITY-ST-ZIP	MEAD, WA 99021	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAUER, WARNER	
STREET ADDRESS	25 E FRISCO ST SUITE 201	
CITY-ST-ZIP	SAINT LOUIS, MO 63119	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KACVINSKY, RAY	
STREET ADDRESS	100 E RANDOLPH ST	
CITY-ST-ZIP	WAUSAU, WI 54402	

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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRTS Linton	
STREET ADDRESS	186 NW 68th Ave	
CITY-ST-ZIP	OCALA, FL 34482	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY KIDWELL	
STREET ADDRESS	1024 Industrial way Suite B	
CITY-ST-ZIP	LODI, CA 95240-3137	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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: X

Jalane S. Kellough

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

DATE

Daytime Phone #