

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90278 046 \*\*\*\*61.25

**50006120**



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number **23-7526418** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR**  
**220 OCEAN ST**  
**JACKSONVILLE, FL 32202**

## 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 \_\_\_\_\_ (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	D	<input type="checkbox"/> Delete
NAME	DAUGHTRY, QUINTON E	
STREET ADDRESS	7326 224TH ST	
CITY-ST-ZIP	O BRIEN, FL 320713346	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENT, JAMES S	
STREET ADDRESS	P O BOX 332	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEAGLE, CLARENCE S	
STREET ADDRESS	11710 NW 5TH AVE	
CITY-ST-ZIP	BRANFORD, FL 320087031	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STINSON, WILLIAM H	
STREET ADDRESS	3782 274TH ST	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, SAMUEL H SR	
STREET ADDRESS	371 SE BURMESE RD	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Willard Daniel	
STREET ADDRESS	Po Box 824	
CITY-ST-ZIP	Branford FL 32008-0824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William S Talley	
STREET ADDRESS	2750 US Highway 90	
CITY-ST-ZIP	Lake City FL 32055-4754	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, Florida Statutes, 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:**

*Clarence S. Feagle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06  
Date

386-935-0797  
Daytime Phone #