

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

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 046 ****61.25

20038805



02092005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1821798

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

MCDAVID, TERRY
~~388 HERNANDO ST~~ 178 SE Hernando Ave.
LAKE CITY, FL ~~32056~~ 32025

**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	D
NAME	MORGAN, JERRY R
STREET ADDRESS	PO BOX 2602 N/A
CITY-ST-ZIP	LAKE CITY, FL 320562602
TITLE	D
NAME	BEECHER, CHARLES E
STREET ADDRESS	745 THERESA ST
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	HUDSON, MARTY
STREET ADDRESS	RT 2 BOX 174-A
CITY-ST-ZIP	JASPER, FL
TITLE	D
NAME	TERRY, E COLON
STREET ADDRESS	RT 5 BOX 610
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	D
NAME	MOORE, HUGH F
STREET ADDRESS	PO BOX 844 N/A
CITY-ST-ZIP	LAKE CITY, FL 320560844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hugh F. Moore HUGH F. MOORE 4-15-05