

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

4. FEI Number **56-2109956** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLEMONS, TERRY W
37941- B MLK BLVD
DADE CITY FL 33526

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 _____

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

(NOTE: Registered Agent signature required when remitting)

DATE _____

FILE NOW: 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	PC	<input type="checkbox"/> Delete
NAME	MCLEAN, AMELIA	
STREET ADDRESS	1003 HAPPY HILL RD.	
CITY-ST-ZIP	FAIRMONT NC 28340	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	MCLEAN, FELECIA A	
STREET ADDRESS	308 HOLLY ST.	
CITY-ST-ZIP	LUMBERTON NC 28358	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLEMONS, HARRIETT	
STREET ADDRESS	37941-B MLK BLVD	
CITY-ST-ZIP	DADE CITY FL 33526	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCLEAN, TANAJA L	
STREET ADDRESS	309 SPRUCE ST.	
CITY-ST-ZIP	LUMBERTON NC 28358	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JAMES L	
STREET ADDRESS	300 JENKINS	
CITY-ST-ZIP	FAIRMONT NC 28340	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMONS, TERRY W	
STREET ADDRESS	37941-MLK BLVD	
CITY-ST-ZIP	DADE CITY FL 33526	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000404134
02/06/06-80034-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Terry W. Clemons
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06 813-312-1479