

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90321 010 ****70.00

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01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACMORAN, CATHERINE
155 MARINA DEL REY CT
CLIFTONWATER BEACH, FL 33767

MacMoran
2701 Regency Oaks Blvd., Apt. A 402
Clearwater, Florida 33759

New Address

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

I, the undersigned, hereby certify 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 Catherine H. MacMoran Catherine H MacMoran 4/8/2006
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, 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	P	<input type="checkbox"/> Delete
NAME	BABB, W. SHERRILL DR.	
STREET ADDRESS	200 MANOR AVENUE	
CITY-ST-ZIP	LANGHORNE, PA 190472990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUGGINS, KEVIN DR.	
STREET ADDRESS	200 MANOR AVENUE	
CITY-ST-ZIP	LANGHORNE, PA 190472990	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEATING, SCOTT A	
STREET ADDRESS	200 MANOR AVENUE	
CITY-ST-ZIP	LANGHORNE, PA 190472990	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAAS, JAN M	
STREET ADDRESS	200 MANOR AVENUE	
CITY-ST-ZIP	LANGHORNE, PA 190472990	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRIGHTBILL, EDGAR N DR.	
STREET ADDRESS	1407 THRUSH LANE	
CITY-ST-ZIP	WESTCHESTER, PA 193807629	
TITLE	VC	<input type="checkbox"/> Delete
NAME	KEMPF, WINFIELD	
STREET ADDRESS	756 WOODLEA ROAD	
CITY-ST-ZIP	BRYN MAWR, PA 190101139	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Todd Dr.
STREET ADDRESS	200 MANOR AVE
CITY-ST-ZIP	LANGHORNE, PA, 190472990
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	<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	

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: Jan M. Haas (Jan M. Haas) 2/22/06 215-702-4312
Signature and typed or printed name of signing officer or director Date Daytime Phone #