

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90031 043 \*\*\*\*61.25

94036258



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0989806** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MYLETT, MICHAEL J  
130 MILL RUN E  
BRADENTON, FL 34202

## 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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	OHLMAN, MICHAEL T	
STREET ADDRESS	805 137TH STREET E.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSS, RICHARD	
STREET ADDRESS	3301 WILDERNESS BLVD E	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELROSE, DANIEL C	
STREET ADDRESS	3030 U.S. HWY 301 N.	
CITY-ST-ZIP	ELLENTON, FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOCUMB, NORMA JEAN	
STREET ADDRESS	3309 LAKESIDE CIRCLE	
CITY-ST-ZIP	PARRISH, FL 34219	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDEN, BETH	
STREET ADDRESS	903 WOODVIEW WAY	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYLETT, MICHAEL J	
STREET ADDRESS	130 MILL RUN EAST	
CITY-ST-ZIP	BRADENTON, FL 34202	

## 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	<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 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:** John E. Winters **PRESIDENT** 3-24-04 (941) 729-7259  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #