

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90011 036 \*\*\*\*70.00

**50030015**



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3626987**

Applied For  
Not Applicable

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

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, 2005**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODBURN, STEPHANIE		NAME	Rita Rudd	
STREET ADDRESS	8010 S. MCCANN RD.		STREET ADDRESS	2122 Pittsburgh Street	
CITY-ST-ZIP	PANAMA CITY, FL 32409		CITY-ST-ZIP	Panama City FL 32404	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDD, RITA		NAME	Melani Ivey	
STREET ADDRESS	2122 PITTSBURGH ST.		STREET ADDRESS	3532 E. Baldwin Rd.	
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	Panama City FL 32404	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKETT, JENNIFER		NAME	Dee Walters	
STREET ADDRESS	6833 KISER ROAD		STREET ADDRESS	3646-Lane-Rd.	
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	Panama City FL 32404	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGLIN, TRACY		NAME	Melinda Infinger	
STREET ADDRESS	2442 ROLLING PINES RD.		STREET ADDRESS	131 E. Baldwin Rd.	
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP	Panama City FL 32405	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARWIN, STEVE		NAME	Bryant Brannon	
STREET ADDRESS	2101 SUTHERLAND RD.		STREET ADDRESS	502 Carrie Lane	
CITY-ST-ZIP	LYNN HAVEN, FL 32444		CITY-ST-ZIP	Lynn Haven FL 32444	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. PETER, DAYLENE		NAME		
STREET ADDRESS	2556 CHAUCER CIR.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		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 another like empowered.

SIGNATURE: Daylene M. St. Peter, Treas. 3/18/05 850-840-8773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #