

2005 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90293 015 ****61.25

20042436



03172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3647396

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HICKS, ANDREW
6710 86TH AVE NORTH
PINELLAS PARK, FL 33782

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

TITLE D ☐ Delete
NAME DIBERT, AILSA
STREET ADDRESS 1100 PALMA SOLA BLVD.
CITY-ST-ZIP BRADENTON, FL 34209

TITLE PS ☐ Delete
NAME HICKS, ANDREW P
STREET ADDRESS 6710 86TH AVE NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE D ☐ Delete
NAME IRVIN, JOHN
STREET ADDRESS 2554 68TH AVE SOUTH
CITY-ST-ZIP SAINT-PETERSBURG, FL 33712

TITLE TD ☐ Delete
NAME MCKELVEY, BRUCE
STREET ADDRESS 5200 BRITTANY DR S #1103
CITY-ST-ZIP ST PETERSBURG, FL

TITLE D ☒ Delete
NAME BOULANGER, DON
STREET ADDRESS 3620 MANATEE AVE. WEST, STE A
CITY-ST-ZIP BRADENTON, FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW P. HICKS

4/11/05

727 546-9681

Date

Daytime Phone #