

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90284 008 ****61.25

60027869



03292006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3641759

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE
920 3RD STREET
SUITE B
NEPTUNE BEACH, FL 32266

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, VONDA	
STREET ADDRESS	11738 DONATO DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERRILLI, LANCE	
STREET ADDRESS	2985 WOODRUSH COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAHN, EDWARD	
STREET ADDRESS	11634 MARSH ELDER DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CREEL, TERRY	
STREET ADDRESS	11786 DONATO DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCNEIL, ROBERT L	
STREET ADDRESS	2962 WOODRUSH CRT	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armstrong, John	
STREET ADDRESS	2968 Marsh Elder Drive South	
CITY-ST-ZIP	Jacksonville, FL 32226	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferrelli, Lance	
STREET ADDRESS	2985 Woodrush Court	
CITY-ST-ZIP	Jacksonville, FL 32226	
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: *Lance Ferrelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-06 (904) 721-1234
Date Daytime Phone #