

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90082 010 ****61.25

40026341



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3655076

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLLAND, JAMES H
2 EAST WRIGHT STREET
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name KUCHENBROD, Harry C.
Street Address (P.O. Box Number is Not Acceptable)
10780 CREEK BRIDGE DRIVE
City PENSACOLA FL 32506

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]

1-12-05

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	SEIBERT, HARRY W	
STREET ADDRESS	7630 SANDY CREEK DR	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	D	☐ Delete
NAME	JOHNSON, T. KENNETH	
STREET ADDRESS	321 LOWELL LANE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	☐ Delete
NAME	GREEN, CHARLES E	
STREET ADDRESS	4560 TERRASANTA	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	☐ Delete
NAME	PETERSON, LYLE H	
STREET ADDRESS	P O BOX 117	
CITY-ST-ZIP	LILLIAN, AL 36549	
TITLE	D	☐ Delete
NAME	THOMAS, LARRY W	
STREET ADDRESS	3646 ANDREW JACKSON DR	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	☒ Delete
NAME	KUCHENBROD, HARRY C	
STREET ADDRESS	10780 CREEK RIDGE DR	
CITY-ST-ZIP	PENSACOLA, FL 32506	

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		
TITLE		☐ Change ☐ Addition
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NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	HOLLAND, JAMES H	
STREET ADDRESS	2 EAST WRIGHT STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	

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]

1-12-05

850-433-5335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #