

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90250 028 ****61.25

14009324



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3657460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOPPER, DEBORAH
2248 HOPPER LANE
YULEE, FL 32097

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
86131 HOPPER LANE
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 re-registering)

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	PD	<input type="checkbox"/> Delete
NAME	HOPPER, DEBORAH	
STREET ADDRESS	8131 HOPPER LANE	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPPER, RICHARD	
STREET ADDRESS	86131 HOPPER LANE	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDONALD, JANE	
STREET ADDRESS	4224 SUMMER BREEZE DR.	
CITY-ST-ZIP	FERNANDINA BCH, FL 32034	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WHITAKER, BRETT	
STREET ADDRESS	4143 NORTSHORE DR	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURTRIGHT, PHYLLIS	
STREET ADDRESS	3823 PIRATES WAY	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	86131	
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		
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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: Deborah E. Hopper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2005

Date

(904) 225-9160

Daytime Phone #