

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90265 018 ****61.25

14010076



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1744113
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, DONALD
2095 JOYCE STREET
FLAGLER BEACH, FL 32136-3441

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 _____ (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	VD	<input type="checkbox"/> Delete
NAME	STURGEON, ROBERT	
STREET ADDRESS	11 SUTTON COURT	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, DONALD F	
STREET ADDRESS	2095 JOYCE ST	
CITY-ST-ZIP	FLAGLER BEACH, FL 321363441	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DAISY, HENRY	
STREET ADDRESS	503 E. DRAIN AVE.	
CITY-ST-ZIP	BUNNELL, FL 32110	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STURGEN, ANN	
STREET ADDRESS	11 SUTTON COURT	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Vignati	
STREET ADDRESS	42 Woodward Ln	
CITY-ST-ZIP	Palm Coast FL 32164-3103	
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 another like empowered.

SIGNATURE: Donald F Smith Pres 4/27/05 3864394609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #