

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90262 036 \*\*\*\*61.25

**20040865**



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-3707097** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CHEEZEM, J. MICHAEL**  
**2201 FOURTH STREET NORTH STE 200**  
**ST PETERSBURG, FL 33704**

## 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 **DP** ☐ Delete  
NAME **COOPER, GAIL M**  
STREET ADDRESS **2201 FOURTH STREET NORTH STE 200**  
CITY-ST-ZIP **ST PETERSBURG, FL 33704**

TITLE **DS** ☐ Delete  
NAME **BEAUMONT, SANDRA D**  
STREET ADDRESS **2201 FOURTH STREET NORTH STE 200**  
CITY-ST-ZIP **ST PETERSBURG, FL 33704**

TITLE **D** ☒ Delete  
NAME **GOODWIN, ROBERT**  
STREET ADDRESS **253 MINORCA BEACH WAY**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **D ROY BURT**  
STREET ADDRESS **263 MINORCA BEACH WAY #706**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32169**

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

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

TITLE ☐ Change ☐ 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: Gail M. Cooper **Gail M. Cooper** 4-18-05 727-823-0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #