

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90011 050 \*\*\*\*61.25

40044131



03282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
02-0619934

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GODWIN, ROBERT  
2613 PARK PLACE DR.  
WINTER PARK, FL 32789

## 7. Name and Address of New Registered Agent

Name Kelly Cecilia  
Street Address (P.O. Box Number is Not Acceptable)  
2607 Park Place Dr.  
Winter Park, FL  
City FL Zip Code 32789

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

Ckelly

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-05

**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 checked="" type="checkbox"/> Delete
NAME	GODWIN, ROBERT	
STREET ADDRESS	2613 PARK PLACE DR.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAVAGE, KAREN	
STREET ADDRESS	2612 PARK PLACE DR.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	TD <u>COPLAN</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>COPLAN, BECKY</u>	
STREET ADDRESS	2619 PARK PLACE DR	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Kelly Cecilia</u>	
STREET ADDRESS	<u>2607 Park Place Dr.</u>	
CITY-ST-ZIP	<u>Winter Park, FL 32789</u>	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Barr Sheryl</u>	
STREET ADDRESS	<u>2601 Park Place Dr.</u>	
CITY-ST-ZIP	<u>Winter Park, FL 32789</u>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Coplan, Becky</u>	
STREET ADDRESS	<u>2619 Park Place Dr.</u>	
CITY-ST-ZIP	<u>Winter Park, FL 32789</u>	
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:

Ckelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-05

Date

Daytime Phone #

6475737