


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
- Apr 19, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # N00000007862</b>	
1. Entity Name <b>MOVEMENT FOR CHANGE, INC.</b>	

Principal Place of Business <b>1603 NORTH DAVIS HWY. PENSACOLA, FL 32503</b>	Mailing Address <b>P.O. BOX 9196 PENSACOLA, FL 32513</b>
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**DO NOT WRITE IN THIS SPACE**



02062005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3682100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**THOMAS, DOROTHY L  
620 CESSNA DR  
PENSACOLA, FL 32506**

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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 renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYD, LEROY 208 HART DRIVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEAN, SHIRLEY 2704 GODWIN LANE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS, DOROTHY L 620 CESSNA DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERKMAN, HERMAN 380 GAMARRA RD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000316428  
04/19/05-80076-013 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Leroy Boyd 4/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #