

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90289 037 ****61.25

14017502



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2379977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSS, EVELYN
120 ANCHOR DRIVE
KEY LARGO, FL 33037

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

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

(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	DPOA	<input type="checkbox"/> Delete
NAME	MOSS, EVELYN	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, KENNETH	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TUROWSKI, LEONARD	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADLEY, HOYT	
STREET ADDRESS	120 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
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
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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:

Evelyn Moss

Managing Agent 4/15/05 305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #