

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90026 032 ****61.25

60015529



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2353054** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

TYSON, DIANA
3358 OLD NASSAUVILLE ROAD
FERNANDINA BEACH, FL 32034

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 *Diana Tyson* **Diana Tyson** **2-6-6**
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 type="checkbox"/> Delete
NAME	MOORE, ROGER	
STREET ADDRESS	57 LAUREL DRIVE	
CITY - ST - ZIP	FERNANDINA BEACH, FL 320346525	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MILT, SHIRLEY	
STREET ADDRESS	86313 N HAMPTON CLUB WAY	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MULLIS, GERORGANNA	
STREET ADDRESS	PO BOX 753	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	
TITLE	T	<input type="checkbox"/> Delete
NAME	TYSON, DIANA	
STREET ADDRESS	3358 OLD NASSAUVILLE ROAD	
CITY - ST - ZIP	FERNANDINA BEACH, FL 32034	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BADENOCK, SHARON	
STREET ADDRESS	6 JUNIPER DR.	
CITY - ST - ZIP	AMELIA ISLAND, FL 32034	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melba Craven	
STREET ADDRESS	613 Little Piney Island	
CITY - ST - ZIP	Fernandina Bch FL 32034-6784	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Hooks	
STREET ADDRESS	4964 Spanish Oaks Circle	
CITY - ST - ZIP	Amelia Island FL 32034-5679	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise Mozena	
STREET ADDRESS	1 Marsh Creek Road	
CITY - ST - ZIP	Amelia Island FL 32034-6413	
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 exemptions contained in Chapter 119, 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: *Diana Tyson* **Diana Tyson** **2-6-06** **904-261-6333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #