

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90227 001 \*\*\*122.50

**66015736**



01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3699618** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GAEDCKE, MARCIA  
2000 S. WASHINGTON AVE.  
TITUSVILLE, FL 32780

**DO NOT WRITE  
IN THIS SPACE**

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 obligation of, registered agent.

SIGNATURE

*Marcia Gaedcke* *Marcia Gaedcke, President 4/28/06*  
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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STEWART, DAVID 4525 ABBOTT AVE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLLER, AL JR PO BOX 423 TITUSVILLE, FL 327810423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBAY, RONALD 850 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERLIN, SANDY 4905 CARODOC CIRCLE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, BETSY 514 N. DIXIE AVE. TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Sandy Chamberlain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/06*  
Date

*321-244-3000*  
Daytime Phone #