

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 30, 2005  
Secretary of State

DOCUMENT# N01000005629

Entity Name: ARBOR VITAE, INC.

**Current Principal Place of Business:**

2025 SE HANFORD RD.  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 7055  
PORT ST. LUCIE, FL 349857055

**New Mailing Address:**

FEI Number: 65-1130646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ROBINSON-CLARKE, EULA R  
615 SW ST. LUCIE CRESCENT  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ANDERSON, MONICA G  
Address: 2025 SE HANFORD RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD      ( ) Delete  
Name: ASHMAN, JOY C  
Address: 2025 SE HANFORD RD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: STD      ( ) Delete  
Name: FOSTER, ICELENA  
Address: 7401 WINTERGARDEN PKWY.  
City-St-Zip: FT. PIERCE, FL 34951

Title: D      ( ) Delete  
Name: HUBER, ALBERT J  
Address: 2800 WACCASSA STREET  
City-St-Zip: GENEVA, FL 32732

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA ANDERSON

PD

05/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date