

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006627

1. Entity Name
T.A.S.K.S. FOUNDATION INTERNATIONAL INC.



Principal Place of Business
1155 STATE ROAD 17 (HIGHWAY 17)
BARTOW, FL 33830

Mailing Address
1155 STATE ROAD 17 (HIGHWAY 17)
BARTOW, FL 33830



1155 STATE ROAD 17 (HIGHWAY 17)

2. Principal Place of Business

3. Mailing Address

FRONT

PO Box 8093

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BARTOW, FL

SEBRING, FL 33876

City & State

City & State

SEBRING, FL

09092005 Chg-NP CR2E037 (10/03)

4. FEI Number
92-0179886

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORNER, ROSE
1155 STATE ROAD 17
BARTOW, FL 33830

(CHANGE)

Name
G. MEDEROS

Street Address (P.O. Box Number is Not Acceptable)
1155 ST. ROAD HIGHWAY 17

BARTOW

City
BARTOW

FL Zip Code
33876

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 September 7, 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 PD ☒ Delete
NAME HORNER, ROSE
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830

TITLE D ☒ Delete
NAME HORNER, ADI
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830

TITLE VPD ☒ Delete
NAME MDEROS, G.
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME G. Mederos P.D.
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL. 33830

TITLE ☒ Change ☐ Addition
NAME VP WEIGLE
STREET ADDRESS RICHARD WEIGLE
CITY-ST-ZIP 1155 STATE ROAD 17
BARTOW, FL. 33830

TITLE ☐ Change ☐ Addition
NAME D HORNER, R.
STREET ADDRESS 1155 STATE ROAD 17
CITY-ST-ZIP BARTOW, FL. 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2005

Date

Daytime Phone #

K. Eckel SEP - 9 2005

863 773-3620