

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 014 ****61.25

40003929



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3736665

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, CARLENE
117 PINE SHORE RD.
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent

Name Hinote, Ronita
Street Address (P.O. Box Number is Not Acceptable)
1000 McLendon Road
City DeFuniak Springs FL Zip Code 32433

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 Ronita Hinote Ronita Hinote 1-13-05
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	P	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, LARRY	
STREET ADDRESS	400 LAKESIDE DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENSON, JILL	
STREET ADDRESS	1825 COUNTY HIGHLANDS 280A	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, CHUCK DR	
STREET ADDRESS	1825 COUNTY HIGHWAY 280A	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COSSON, TIFFANY	
STREET ADDRESS	795 MCKINNON BRIDGE RD.	
CITY-ST-ZIP	PONCE DE LEON, FL 32455	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDREWS, DONNA	
STREET ADDRESS	615 BOB SIKES ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevenson, Jill	
STREET ADDRESS	1825 County Highway 280A	
CITY-ST-ZIP	DeFuniak Springs, FL 32435	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrews, Donna	
STREET ADDRESS	615 Bob Sikes Road	
CITY-ST-ZIP	DeFuniak Springs, FL 32435	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bodie, Candy	
STREET ADDRESS	7911 State Hwy 83 N	
CITY-ST-ZIP	DeFuniak Springs, FL 32438	
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: Jill E. Stevenson Jill E. Stevenson 850-892-9752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #