


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 01, 2005 8:00 am**  
**Secretary of State**

07-01-2005 90003 013 \*\*\*\*61.25

<b>DOCUMENT # N01000007411</b>			
1. Entity Name <b>UNION ACADEMY NEIGHBORHOOD DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>401 M.L. KING, JR. DRIVE TARPON SPRINGS FL 34689</b>		Mailing Address <b>40347 US HWY 19 N., STE. 107 TARPON SPRINGS FL 34689</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. BOX 494</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>TARPON SPRINGS, FL</b>	
Zip	Country	Zip <b>34688-0994</b>	Country <b>FLORIDA</b>
6. Name and Address of Current Registered Agent <b>COLE, ED SR. 40347 US HWY 19 N., SUITE 107 TARPON SPRINGS FL 34689</b>		7. Name and Address of New Registered Agent Name <b>COLE, ED SR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>430 Hibiscus St. Apt. 2-D</b> City <b>TARPON SPRINGS, FL</b> Zip Code <b>34689</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, ED 40247 US HWY 19N #107 TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABBS, ANNIE 803 S. DISSTON AVE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDEN, ED 444 S. HUEY AVE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUARTERMAN, ALFRED 7704 GREYBIRCH TERRACE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRIMEX, AUDREY 517 E BOYER ST TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES, MAGGIE 518 S DISSTON AVE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**06/28/05** **727**  
**937-7727**  
Date Daytime Phone #