2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N01000007854

1. Entity Name



FILED Apr 07, 2005 8:00 am Secretary of State

04-07-2005 90019 036 ****61.25

NED BRO	OKS/HOLMES FAMILY RE	EUNION, INC.						
Principal Place of Business 532 DR. MARY MCLEOD BETHUNE BLVD. SUITE D DAYTONA BCH, FL 32114 Mailing Address 532 DR. MARY MCLEOD BETHUN DAYTONA BCH, FL 32114				BLVD.		4 MAN 8888 89 84 89 8	II 867H 831H ITSEI (812H 9UI	I BABANDE DA AETA
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04032005 C	hg-NP	CR2E037 (10/03	3)	
City & State		City & State	City & State		4. FEI Number 59-37584	05		Applied For Not Applicable
Zip	Country	Zip	Country	y	5. Certificate of S	Status Desired	☐ \$8.75 Fee Requ	Additional iired
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		Vame	7. Name and Ad	dress of New R	egistered Agent	
COVINGTON AND ASSOCIATES, INC. 532 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BCH, FL 32114		VD.	Street Address		(P.O. Box Number is	Not Acceptable	9)	
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			(City			FL Zip C	ode
	named entity submits this statement for ions of registered agent.	or the purpose of chang	ng its registered of	office or registe	ered agent, or both, in	n the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registered Ag	ent signature require	od when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2005							
. =-			n Campaign Fina und Contribution.		\$5.00 May Be Added to Fees		lake check payabl rida Department o	
10.	Due by May 1, 2005 OFFICERS AND DI	Trust F	und Contribution.	. 🗆	Added to Fees	Flor	rida Department o	SIN 10
10. TITLE NAME	Due by May 1, 2005	Trust F	und Contribution.	. 🗆	Added to Fees	Flor	rida Department o	SIN 10
TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DI PD WHEELER, DONALD 1614 SE 15TH AVE.	Trust F	TITLE NAME STREET A	DDRESS	Added to Fees	Flor	rida Department o	SIN 10
TITLE NAME	OFFICERS AND DI PD WHEELER, DONALD	RECTORS Delete	Tund Contribution. 11. TITLE NAME STREET A CITY-ST-	DDRESS	Added to Fees	Flor	rida Department o	S IN 10 ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND DI PD WHEELER, DONALD 1614 SE 15TH AVE. GAINESVILLE, FL 32641 VD WILLIAMS, PRISCILLA	Trust F	TITLE NAME TITLE NAME STREET A CITY-ST- TITLE NAME	DDRESS - ZIP	Added to Fees	Flor	RS AND DIRECTORS	S IN 10 ge Addition
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Horida 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 trustge employered to execute his 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 appears with all other like employered.

SIGNATURE?