

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90134 001 \*\*\*140.00

66009916



04062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
80-0005427

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, RONNIE  
11150 FT. CAROLINE RD.  
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 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 DP ☐ Delete  
NAME COHEN, RONNIE  
STREET ADDRESS 11150 FT. CAROLINE RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE DST ☒ Delete  
NAME ROSS, DENISE  
STREET ADDRESS 3227 W. 26TH ST  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D ☐ Delete  
NAME TWIGGS, PHAEDRA  
STREET ADDRESS 3836 AUTUMN LEAF CT  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DV ☒ Delete  
NAME JENKINS, SHAWN  
STREET ADDRESS 10825 KEY HAVEN BLVD #826  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE D ☒ Delete  
NAME NEWBILL, MARLO  
STREET ADDRESS 211 PECAN ST  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DST ☐ Change ☒ Addition  
NAME Jenkins, Shawn  
STREET ADDRESS 5501 University Club Blvd N. Apt 111  
CITY-ST-ZIP Jacksonville, FL 32277

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

TITLE DV ☐ Change ☒ Addition  
NAME Painter, Dewey  
STREET ADDRESS 7840 Fawn Oaks Ct.  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ Change ☒ Addition  
NAME Williams, Leeburg  
STREET ADDRESS 745 Century Fr. Dr. E.  
CITY-ST-ZIP Jacksonville, FL 32216

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

4/8/05

Date

644-6919

Daytime Phone #