

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90397 010 ****61.25

14013391



04242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2477109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WELLS, KEVIN T ESQ
2033 MAIN STREET, SUITE 403
SARASOTA, FL 34237

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	D	<input type="checkbox"/> Delete
NAME	FRANKE, JOHN C	
STREET ADDRESS	8471 IMPERIAL CIR	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CORMIER, PAUL	
STREET ADDRESS	8542 COUNTESS AVE. CIR.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SEWELL, DIANA	
STREET ADDRESS	8515 COUNTESS AVE CIR.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, GEORGE	
STREET ADDRESS	8475 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARCOLESSE, ANTHONY	
STREET ADDRESS	8518 IMPERIAL CIR	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICKLY, BILL	
STREET ADDRESS	8521 COUNTESS AVE. CIR.	
CITY-ST-ZIP	PALMETTO, FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKE, JOHN C	
STREET ADDRESS	8471 IMPERIAL CIR.	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNARD, RICHARD	
STREET ADDRESS	8417 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWELL, AARON	
STREET ADDRESS	8515 Counters Ave Cir	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILIN, PAT	
STREET ADDRESS	8426 RECAL WAY	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM COTTER	
STREET ADDRESS	8505 COUNTESS AVE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCOLESSE, ANTHONY	
STREET ADDRESS	8518 IMPERIAL CIRCLE	
CITY-ST-ZIP	PALMETTO FL 34221	

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

4/26/05

Date

Daytime Phone #