

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90049 050 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

60005167



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
72-1522109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, W. THORNTON ESQ.
C/O MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPAÑO BEACH, FL 33062

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, 2006**

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	PD	<input type="checkbox"/> Delete
NAME	MACLEAN, FREDERICK R	
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLACK, LIANE	
STREET ADDRESS	7525 NW 61ST TERRACE, #101	
CITY-ST-ZIP	PARKLAND, FL 33067	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MACLEAN, ANNE B	
STREET ADDRESS	2600 NE 14TH STREET CAUSEWAY	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33062	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

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 exemptions contained in Chapter 119, 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 live empowered.

SIGNATURE

Frederick R Maclean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 *954 785 1900*
Day Daytime Phone #