

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

FILED
Apr 12, 2006 8:00 am
Secretary of State

03-03-2006 90128 024 ****61.25

66009708



02212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0583754

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPARKS, DWAYNE
537 HUBBARD STREET
DEFUNIAK SPRINGS, FL 32435-4834

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

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**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | P |
| NAME | SPARKS, DWAYNE |
| STREET ADDRESS | 537 HUBBARD STREET |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 324354834 |
| TITLE | SD |
| NAME | SEIDENKRANZ, DAWN M |
| STREET ADDRESS | 150 BRADLEY DR. |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32435 |
| TITLE | TD |
| NAME | TEMBY, JUDITH D |
| STREET ADDRESS | 26 BRADLEY DR. |
| CITY-ST-ZIP | DEFUNIAK SPRINGS, FL 32435 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

Dawn M. Seidenkranz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

DATE

850-419-1816

Daytime Phone #