

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90229 019 \*\*\*\*61.25

42008282



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
01-0661949

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**

SOILEAU, JOHN  
1470 MICHIGAN AVE. BLDG. C  
COCOA, FL 32923

**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 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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	<del>OWLER, DAVID</del> <i>DAVID D CRONIN</i>
STREET ADDRESS	275 HWY A1A, #304
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	VPTD
NAME	WOODS, STEVE
STREET ADDRESS	275 HWY A1A, #504
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	SD
NAME	JONES, RANDY
STREET ADDRESS	275 HWY A1A, #503
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	<i>GROH, BRIAN</i>
STREET ADDRESS	275 Hwy A1A #204
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	<i>DRENNON, JAKE</i>
STREET ADDRESS	P.O. Box 1718
CITY-ST-ZIP	TITUSVILLE, FL
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 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:** *x David C Cronin* *President* *11/22/05* *321-777-2041*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #