


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002750</b> 1. Entity Name <b>JOHNNY CARL LLOYD MEMORIAL FUND, INC.</b>	
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Principal Place of Business <b>3490 NW 6 STREET FT LAUDERDALE, FL 33311</b>	Mailing Address <b>3490 NW 6 STREET FT LAUDERDALE, FL 33311</b>
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>01-0703011</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**IRVIN-DAWSON, VIRGINIA  
3490 NW 6 STREET  
FT LAUDERDALE, FL 33311**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**000000346257  
04/30/05-80068-015 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAWSON, GEORGE 3490 NW 6 STREET FT LAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSD LLOYD, VEANNA N 3490 NW 6TH ST FTLAUDERDALE, FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COACHMEN, CORNELIUS 203 NE 35 STREET OAKALAND PARK, FL 33334</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  **4-27-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-791-352