

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90033 035 \*\*\*\*61.25

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02162005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02000002852</b> 1. Entity Name <b>ALUMS, INC.</b>					
Principal Place of Business <b>P.O. BOX 32165 SARASOTA, FL 34239</b>			Mailing Address <b>P.O. BOX 32165 SARASOTA, FL 34239</b>		
2. Principal Place of Business <b>P.O. Box 21813</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>Sarasota, FL</b>		City & State  			
Zip <b>34276-1813</b>	Country <b>Sarasota</b>	Zip  	Country  	4. FEI Number <b>41-2045018</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STONE, ILA SUE 4580 DEL SOL BLVD. SOUTH SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name <b>Adams, Judith D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1168 Mallard Marsh Drive</b> City <b>Osprey</b> <b>FL</b> Zip Code <b>34229</b>		
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 <i>Judith D. Adams, Treasurer</i> <span style="float: right;">Feb. 22 2005</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonexisting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>FOLTZ, PATRICIA</b> STREET ADDRESS <b>6303 THORNDON CIRCLE</b> CITY-ST-ZIP <b>BRADENTON, FL 34201</b>	TITLE <b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Roningen, Brenda</b> STREET ADDRESS <b>5174 Little Brook Court</b> CITY-ST-ZIP <b>Sarasota, FL 34238</b>				
TITLE <b>VPD</b> <input type="checkbox"/> Delete NAME <b>RONINGEN, BRENDA</b> STREET ADDRESS <b>5174 LITTLE BROOK COURT</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>	TITLE <b>VPD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Gilmartin, Anne</b> STREET ADDRESS <b>5564 Bilbao Place</b> CITY-ST-ZIP <b>Sarasota, FL 34238</b>				
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete NAME <b>HUELSTER, JANET</b> STREET ADDRESS <b>6125 VAREDO COURT</b> CITY-ST-ZIP <b>SARASOTA, FL 34243</b>	TITLE <b>SD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Zehler, Mary Lou</b> STREET ADDRESS <b>3625 White Sulphur Place</b> CITY-ST-ZIP <b>Sarasota, FL 34232</b>				
TITLE <b>TD</b> <input type="checkbox"/> Delete NAME <b>ADAMS, JUDITH</b> STREET ADDRESS <b>1168 MALLARD MARSH DR.</b> CITY-ST-ZIP <b>OSPREY, FL 34229</b>	TITLE <b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Adams, Judith</b> STREET ADDRESS <b>1168 Mallard Marsh Drive</b> CITY-ST-ZIP <b>Osprey, FL 34229</b>				
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>DAY, KAY</b> STREET ADDRESS <b>5121 CANTABRIA COURT</b> CITY-ST-ZIP <b>SARASOTA, FL 34238</b>	TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Foltz, Patricia</b> STREET ADDRESS <b>6303 Thordon Circle</b> CITY-ST-ZIP <b>Bradenton, FL 34201</b>				
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>STONE, ILA SUE</b> STREET ADDRESS <b>4580 DEL SOL BLVD. SOUTH</b> CITY-ST-ZIP <b>SARASOTA, FL 34243</b>	TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Stone, Ila Sue</b> STREET ADDRESS <b>4580 Del Sol Blvd. South</b> CITY-ST-ZIP <b>Sarasota, FL 34243</b>				
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: <i>Judith D. Adams, Tre.</i> <span style="float: right;">Feb. 22 2005 941-966-9642</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					