## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # N020000 DATION, INC.	04393		Sec	iciary of State	
				}		
Principal Place	e of Business	Mailing Address		1		
10190 SCOTT MILL ROAD				<u>,</u>		
INCKOUNTE	.E, FL 32237	MUNSUNVILLE, TE SEES	1	# 1990(11) as only provide (1991) Balls	ואסט זו זיבווות פשושו שווון שוווים מושפ מושם מושם ווופס נ	
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DO NOT WRITE IN THIS SPACE			PACE	CE 04032006 No Chg-NP CR2E037 (11/05)  Applied For		
				4. FEI Number 02-0614226	Not Applicab	
				5. Certificate of Status De	esired	
	6. Name and Address of Curr	ent Registered Agent				
NOFAL, CHRISTOPHER P				DO NOT	WRITE	
10190 SCOTT MILL ROAD JACKSONVILLE, FL 32257				IN THIS SPACE		
				IN THIS	STAGE	
g The shows	named antity a shmits this statema	at for the purpose of changing its re	mistara Allina ra renista	red agent or both in the Sta	ne of Florida. I am familiar with, and accep	
	framed entity subtrite this stateme tions of registered agent.	it for the harbose or creatiging he re	Secretor cures or registe	loo agom, or born, in the ott	to or things: "I million with mice assain	
SIGNATURE.	Signature, typed or printed name of registered a	oest and title if emplicable (NOTE F	agistered Agent signature require	d when reinstation)	- DATE	
<u> </u>						
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaigr Trust Fund Contrib		.00 May Be ted to Fees		
10.	·	ND DIRECTORS				
TITLE NAME	D NOFAL, CHRISTOPHER P					
STREET ADDRESS	10190 SCOTT MILL ROAD					
CITY-ST-ZIP	JACKSONVILLE, FL 32257			) f		
NAME	}			IM	7000580923 706-80042-801 61.25	
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12. I hereby certify that the information supplied with this fitting 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 path; 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 the empowered.

SIGNATURE: \_

NAME STREET ADDRESS

SIGNATURE AND TYPEO OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

4-406 Date

Deytime Phone #