


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004551	
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Principal Place of Business 223 N. FLORIDA AVENUE LAKELAND, FL 33801	Mailing Address 223 N. FLORIDA AVENUE LAKELAND, FL 33801
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09072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 74-3071924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PANSLER, KARL F
223 N. FLORIDA AVENUE
LAKELAND, FL 33801

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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 _____

Filing Fee is \$61.25 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANSLER, KARL F 223 N. FLORIDA AVENUE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANSLER, HEATHER A 223 N. FLORIDA AVENUE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRINGSHAW, CHRISTINA L 223 N. FLORIDA AVENUE LAKELAND, FL 33801
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09/11/06-800003-014 61.25

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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: Heather A Pansler 9/6/06 803-647-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #