## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # N0200004674  1. Entity Notes   Continue   Co |   |   |              |   |             |                                       |                      | 05 JUL 2  | LED<br>20 PH K   |                         |                           |
|--|---|---|--------------|---|-------------|---------------------------------------|----------------------|---|------------------|-------------------------|---------------------------|
| Principal Place of Business<br>6504 MERIDIAN RD<br>TALLAHASSEE, FL 32312   |   |   |              | g Address<br>30X 1801<br>AHASSEE, FL 3230 | 2           | ***                                   | SECIVETA<br>TALLAHAS |   | IS 800 man arban | III de ipee             |                           |
| 2. Principal Place of Business 3.  |   |   |              | 3. Mailing Address                        |             |                                       |                      |   |                  |                         |                           |
| Suite, Apt.  | #, etc.   |   | Sui          | Suite, Apt. #, etc.                       |             |                                       | 07212005             | Chg-NP  | CR2E03           | 7 (10/03)               |                           |
| City & State   |   |   | City & State |   |             |                                       | 4. FEI Numb          | 96199   | ·                | _ <del> </del>          | plied For<br>t Applicable |
| Zip  | Country   |   | Zip          | Zip (                                     |             | ntry 5. Certificate                   |                      | e of Status Desired   |                  | 8.75 Add<br>ee Required |                           |
|  | and Address of Current  | d Agent                                 |              | Name                                      | 7. Name and | d Address of New                      | Registered A         | gent  |                  |                         |                           |
| FOUTZ, W<br>6504 MER<br>TALLAHAS   | IDIAN RD  |   | Street Addre |   |             | s (P.O. Box Number is Not Acceptable) |                      |   |                  |                         |                           |
| TALLAHASSEE, FL 32312  |   |   |              |   |             | City                                  |                      |   | FL               | Zip Code                | 3                         |
| 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<br>Due by September 7, 2005  |   |   |              | 9. Election Camp<br>Trust Fund Co         |             |                                       |                      | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |                  |                         |                           |
| 10.  |   |   |              |   |             |                                       | ADDITIONS/CH         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |                  |                         |                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | MILLIAM<br>RIDIAN RD<br>SSEE, FL 32312  |              |   |             | _                                     | O                    | 00058   |                  | ☐ Change                | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD ROLLINS, BARBARA M 6504 MERIDIAN RD TALLAHASSEE, FL 32312      |   |              |   |             | _                                     | 08/1                 | 5/050100  | )2012            | 61.3                    | Addition 2.5              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S<br>ROLLINS, MARY D<br>6504 MERIDIAN RD<br>TALLAHASSEE, FL 32312 |   |              | ☐ Delete                                  |             |                                       |                      |   |                  | Сћалде                  | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>ROLLINS, THOMAS<br>6504 MERIDIAN RD<br>TALLAHASSEE, FL 32312 |   |              |   |             | - 1                                   |                      |   |                  | ☐ Change                | ☐ Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>MASON, PATRICK<br>6504 MERIDIAN RD<br>TALLAHASSEE, FL 32312 |   |              |   |             |                                       |                      |   |                  | ☐ Change                | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | R, MARIE<br>RIDIAN RD<br>SSEE, FL 32312 |              | ☐ Delete                                  |             |                                       |                      |   |                  | ☐ Change                | ☐ Addition                |
| 12. I hereby certify that the information supplied with this filling 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: Bullium Tr. Rolling Signature and typed or printed name of signing officer or director Date Date Define Proper  |   |   |              |   |             |                                       |                      |   |                  |                         |                           |