

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90049 022 ****61.25

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01142005 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0745952

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHINDLER, SCOTT
2660 W WASHINGTON ST
MONTICELLO, FL 32344

New Address

7. Name and Address of New Registered Agent

Name *Scott Schindler*
Street Address (P.O. Box Number is Not Acceptable)
1976 E. Washington St.
Monticello
City *FL* Zip Code *32344*

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

Scott F. Schindler *Scott F. Schindler*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/05

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE POC
NAME SCHINDLER, SCOTT ☐ Delete
STREET ADDRESS 1976 E WASHINGTON STREET
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE S
NAME SCHINDLER, LUCINDA C ☐ Delete
STREET ADDRESS 1976 E WASHINGTON STREET
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE T ☒ Delete
NAME CANADAY, DEBBIE
STREET ADDRESS 151 PARKWAY PINES
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE BM ☒ Delete
NAME CANADAY, JEFF
STREET ADDRESS 151 PARKWAY PINES
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *T April Smiley* ☐ Change ☒ Addition
NAME
STREET ADDRESS *330 Holly Rd.*
CITY-ST-ZIP *Monticello FL 32344*

TITLE *BM -* ☐ Change ☒ Addition
NAME *Jason McDonald*
STREET ADDRESS *373 Heron Rd*
CITY-ST-ZIP *Monticello, FL 32344*

TITLE *BM* ☐ Change ☒ Addition
NAME *J.T. Smiley*
STREET ADDRESS *330 Holly Rd.*
CITY-ST-ZIP *Monticello FL 32344*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Scott F. Schindler *Scott F. Schindler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/05 850-997-6050