

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009540	
1. Entity Name SILLIMAN UNIVERSITY ALUMNI & FRIENDS OF NORTH/CENTRAL FLORIDA, INCORPORATED	

Principal Place of Business 2168 EGRET DRIVE CLEARWATER, FL 34624	Mailing Address 2168 EGRET DRIVE CLEARWATER, FL 34624
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2682065	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOLAS, FELIX
2168 EGRET DRIVE
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLAS, FELIX 2168 EGRET DRIVE CLEARWATER, FL 34624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERUASA, CATALINO 9430 LARKBUNTING DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, RANDOLPH 11025 OAKRIDGE DRIVE N JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000326394
04/23/05-80054-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/05

(727) 535-0408