

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 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



04182006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
58-2682065

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOLAS, FELIX
STREET ADDRESS 2168 EGRET DRIVE
CITY-ST-ZIP CLEARWATER, FL 34624

TITLE TD
NAME VERUASA, CATALINO
STREET ADDRESS 9430 LARKBUNTING DRIVE
CITY-ST-ZIP TAMPA, FL 33647

TITLE PD
NAME REYES, RANDOLPH
STREET ADDRESS 11025 OAKRIDGE DRIVE N
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000532643
05/06/06-80094-007 61.25

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/18/06 (727) 535-0408