

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90022 033 ****61.25

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01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2411362

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALDRIDGE, ED
3220 SR 442
EDGEWATER, FL 32132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 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 P ☐ Delete
NAME ALDRIDGE, ED
STREET ADDRESS 3220 S.R. 442
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE T ☐ Delete
NAME DAILY, JIM
STREET ADDRESS 3022 ORANGE TREE DR.
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE D ☐ Delete
NAME ROBERTS, DON
STREET ADDRESS 2712 TRAVELERS PALM DR
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE D ☐ Delete
NAME ROSSITER, BILL
STREET ADDRESS PO BOX 388
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE S ☒ Delete
NAME NOLLIESLAGER, DAVID
STREET ADDRESS 482 DAWNVIEW SQ.
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME Secretary Nollieslager, David
STREET ADDRESS 854 Chickadee Dr.
CITY-ST-ZIP Port Orange, FL 32127

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:

David P. Nollieslager David P. Nollieslager

1-21-05 386-761-5938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #