

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 020 ****61.25

20053731



04292005 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0773533

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BECKLEY, JAMES H JR
1570 W MAIN STREET
WAUCHULA, FL 33873

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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	D	<input type="checkbox"/> Delete
NAME	HUGHES, MISTY W	
STREET ADDRESS	712 CROSBY LANE	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRELL, JOHN E	
STREET ADDRESS	590 GREEN ACRES HILLS	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOLIN, MILLIE C	
STREET ADDRESS	525 DANSBY RD	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BECKLEY, JAMES	
STREET ADDRESS	227 COUNTY ROAD 665	
CITY-ST-ZIP	ONA, FL 338658724	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CONERLY, DOTTIE	
STREET ADDRESS	PO BOX 413	
CITY-ST-ZIP	WAUCHULA, FL 338730413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian, Jeremy	
STREET ADDRESS	101 S. 3rd Ave.	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicholson, Judi	
STREET ADDRESS	PO Box 1718	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bolin, Millie	
STREET ADDRESS	525 Dansby Rd.	
CITY-ST-ZIP	Wauchula, FL 33873	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeremy Lee Christian 4-29-05 863-773-4556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #