

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90033 015 \*\*\*\*70.00

40032947



03112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-1191439

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

COHEN, MARCIA  
111 SECOND AVE. NE, STE. 810  
ST. PETERSBURG, FL 33701

## 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 ☐ Delete  
NAME OESTREICH, JEANNE M  
STREET ADDRESS 305 173 AVENUE  
CITY-ST-ZIP ST. PETERSBURG, FL 33706

TITLE D ☒ Delete  
NAME HERZIG, JEAN  
STREET ADDRESS 5301 17TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33706

TITLE D ☒ Delete  
NAME SETZEKORN, JAN  
STREET ADDRESS 24862 US HIGHWAY 19 N  
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE D ☒ Delete  
NAME DARIN, LINDA  
STREET ADDRESS 9625 COMMODORE DRIVE  
CITY-ST-ZIP SEMINOLE, FL 33776

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

TITLE D/V/T ☒ Change ☐ Addition  
NAME OESTREICH, CHARLES  
STREET ADDRESS 305 173 AV, ST. PETERSBURG FL 33708  
CITY-ST-ZIP

TITLE D/S ☒ Change ☐ Addition  
NAME OESTREICH, CHERYL  
STREET ADDRESS 86 ONTARIO AVE, N. MASSAQUEUA  
CITY-ST-ZIP NY 11758

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE M. OESTREICH 804-3052

Date or 727 398-0932