


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N0300003895  
 1. Entity Name  
 TORREYA ADVOCACY INCORPORATED



Principal Place of Business      Mailing Address  
 P.O. BOX 397                      P.O. BOX 397  
 CHATTAHOOCHEE, FL 32324      CHATTAHOOCHEE, FL 32324



01192005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 56-2364938      Not Applicable

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

6. Name and Address of Current Registered Agent  
 SHOTTS, LUCILLE R.  
 625 MAIN ST  
 CHATTAHOOCHEE, FL 32324

**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	PC
NAME	ALCORN, ROBERT H JR.
STREET ADDRESS	P.O. BOX 397
CITY - ST - ZIP	CHATTAHOOCHEE, FL 32324
TITLE	D
NAME	SHOTTS, LUCILLE R
STREET ADDRESS	625 MAIN ST
CITY - ST - ZIP	CHATTAHOOCHEE, FL 32324
TITLE	STD
NAME	ROEHM, WANDA W.
STREET ADDRESS	75 CHRYSLER AVENUE
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459
TITLE	D
NAME	BUNDY, LAURA A.
STREET ADDRESS	P. O. BOX 205
CITY - ST - ZIP	CHATTAHOOCHEE, FL 32324
TITLE	D
NAME	RYALS, PATRICIA D.
STREET ADDRESS	201 W. WASHINGTON STREET
CITY - ST - ZIP	CHATTAHOOCHEE, FL 32324
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000303135  
 114/13/05-80097-023 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: Robert H Alcorn Jr      Robert H Alcorn Jr      President      10-Apr-2005      229-662-2855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #