


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90274 044 \*\*\*\*61.25

<b>DOCUMENT #</b> N03000004925	
<b>1. Entity Name</b> PFC SAMUEL R. WALL, MCL DETACHMENT 1139, INC.	

<b>Principal Place of Business</b> 8191 S. FLORIDA AVE. FLORAL CITY, FL 34436 US	<b>Mailing Address</b> P.O. BOX 2773 INVERNESS, FL 34451
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<b>2. Principal Place of Business</b> 8191 S FLA AVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> POB 2773 Suite, Apt. #, etc.
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<b>City &amp; State</b> Floral City, FL	<b>City &amp; State</b> Inverness
<b>Zip</b> 34436	<b>Country</b> USA
<b>Zip</b> 34451	<b>Country</b> USA



01232005 Chg-NP CR2E037 (10/03)

<b>6. Name and Address of Current Registered Agent</b>	
ZIEMENDORF, CAROLE 6348 E. WAVERLY ST INVERNESS, FL 34452	

<b>4. FEI Number</b> 20-0036226	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

<b>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.</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> CMD	<b>NAME</b> GREGORIOU, CHRIS
<b>STREET ADDRESS</b> 8527 W. RIVERGLADE CT	<b>CITY-ST-ZIP</b> CRYSTAL RIVER, FL 34428
<b>TITLE</b> SCMD	<b>NAME</b> LIGHTELL, FRED
<b>STREET ADDRESS</b> 1799 E. TRADEWIND DR; PO BOX 148	<b>CITY-ST-ZIP</b> HERNANDO, FL 34442
<b>TITLE</b> PMST	<b>NAME</b> ZIEMENDORF, CAROLE
<b>STREET ADDRESS</b> 6348 E. WAVERLY ST	<b>CITY-ST-ZIP</b> INVERNESS, FL 34452
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> Thomas J. Heron (Cmdr)	<b>NAME</b> 10965 S Turner Ave
<b>STREET ADDRESS</b> Floral City, FL 34436	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Robt. Hines, Sr. Vice C	<b>NAME</b> P.O. Box 640058
<b>STREET ADDRESS</b> Beverly Hills, FL 34464	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> Same	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

<b>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.</b>	
<b>SIGNATURE:</b> Carole Ziemendorf, Paymaster	<b>DATE:</b> 4-25-05
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Daytime Phone #</b> 352-344-4880