

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90206 032 \*\*\*\*61.25

<b>DOCUMENT # 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</b>		
2. Principal Place of Business <b>D.A.V. 70</b> Suite, Apt. #, etc. <b>1039 N. PAUL DR</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>INVERNESS FL</b>			
City & State <b>INVERNESS FL</b>		City & State  		4. FEI Number <b>20-0036226</b>	
Zip <b>34450</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ZIEMENDORF, CAROLE 6348 E. WAVERLY ST INVERNESS, FL 34452</b>			7. Name and Address of New Registered Agent Name Street / <b>ROSLYN SMITH 6724 E GLENCOE ST INVERNESS FL 34452-7128</b> City <b>FL</b> 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 <u>Roslyn Smith, ROSLYN SMITH</u> <span style="float: right;">04/24/2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMD HERON, THOMAS J 10965 S TURNER AVE FLORAL CITY, FL 34438	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HINES, ROBERT SR P.O. BOX 640058 BEVERLY HILLS, FL 34464	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMST ZIEMENDORF, CAROLE 6348 E. WAVERLY ST INVERNESS, FL 34452	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Roslyn Smith, Paymaster ROSLYN SMITH</u> <span style="float: right;">4/24/06 (352)344-3131</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					