

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

**FILED**  
**Nov 28, 2005**  
**Secretary of State**

DOCUMENT# N03000005171

**Entity Name:** FLORIDA HOMETOWN DEMOCRACY, INC.

**Current Principal Place of Business:**

123 AUSTRALIAN AVE.  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

123 AUSTRALIAN AVE.  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 57-1171934      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKNER, LESLEY G  
123 AUSTRALIAN AVE.  
PALM BEACH, FL 33480      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BLACKNER, LESLEY G  
Address: 123 AUSTRALIAN AVE.  
City-St-Zip: PALM BEACH, FL 33480

Title: VD      ( ) Delete  
Name: BURNAMAN, ROSS S  
Address: 1018 HOLLAND DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD      ( ) Delete  
Name: HERRIN, BARBARA J  
Address: 465 WILDWOOD DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD      (X) Change ( ) Addition  
Name: MOEN, MICHELE M  
Address: 160 ASHBY COVE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLEY G. BLACKNER

PD

11/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date