

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90022 008 \*\*\*\*61.25

40030040



07052006 Chg-NP CR2E037 (4/06)

4. FEI Number  
20-0551369

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HAWKINS, LISA  
240 SOUTH NOKOMIS AVE  
VENICE, FL 34285

## 7. Name and Address of New Registered Agent

Name Norton, Ed  
Street Address (P.O. Box Number is Not Acceptable)  
1309 Greenfield Circle  
City Venice FL Zip Code 34282

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 *Edward M. Norton*  
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 September 6, 2006**

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 DS ☐ Delete  
NAME NORTON, ED  
STREET ADDRESS 1309 GREENFIELD CIRCLE  
CITY-ST-ZIP VENICE, FL 34292

TITLE T ☒ Delete  
NAME HAWKINS, LISA  
STREET ADDRESS 1025 LEMON BAY  
CITY-ST-ZIP VENICE, FL 34293

TITLE P ☐ Delete  
NAME MACLELLAN, NORMAN  
STREET ADDRESS 4301 CORSO VENETIA  
CITY-ST-ZIP VENICE, FL 34293

TITLE VP ☐ Delete  
NAME TRAMMELL, THOMAS  
STREET ADDRESS 101 W. VENICE AVE #10  
CITY-ST-ZIP VENICE, FL 34285

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

TITLE Director ☐ Change ☒ Addition  
NAME John Thompson  
STREET ADDRESS 1151 Dona Way  
CITY-ST-ZIP Nokomis FL 34275

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

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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 July 2006 941-485-8220  
Date Daytime Phone #