

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

4. FEI Number **30-0168880** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JORDAN, JAMES C SR.
261 THOR AVENUE
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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	PD	☐ Delete
NAME	JORDAN, JAMES C SR.	
STREET ADDRESS	3298 IDEAL AVENUE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VD	☐ Delete
NAME	JORDAN, FANNIE L	
STREET ADDRESS	3298 IDEAL AVENUE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	☐ Delete
NAME	GORDON, MARVIN E	
STREET ADDRESS	239 COLLIGS STREET SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SD	☐ Delete
NAME	ALEXANDER, ROSE	
STREET ADDRESS	3224 HENRY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	S	☐ Delete
NAME	DAVIS, LORETTA	
STREET ADDRESS	115 PRINCE AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	☐ Delete
NAME	GORE, TRILLY M	
STREET ADDRESS	1903 SOUTHLAND AVENUE NORTH	
CITY-ST-ZIP	MELBOURNE FL 32901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Add
U00000424836
02/18/06-80068-007 61.25
☐ Change ☐ Add
☐ Change ☐ Add
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☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.