

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90300 042 \*\*\*\*61.25

40060794



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3599298

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RANDOLPH, MERISA  
2167 INWOOD TERRACE  
JACKSONVILLE, FL 32207

## 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

*Merisa Randolph*

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

(NOTE: Registered Agent signature required when reinstating)

*April 14, 2005*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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          | D                      | <input type="checkbox"/> Delete            |
| NAME           | RANDOLPH, MERISA       |  |
| STREET ADDRESS | PO BOX 48401           |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32247 |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | ATWATER, LADREEKA      |  |
| STREET ADDRESS | PO BOX 41183           |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32203 |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | MAJOR, ANNIE           |  |
| STREET ADDRESS | 1225 BEAVER STREET     |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32204 |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, AILEEN       |  |
| STREET ADDRESS | 806 GATES STREET       |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32208 |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | WILSON, ANNIE          |  |
| STREET ADDRESS | 2403 BROWARD RD        |  |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32218 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Powell, Charlotte     |  |
| STREET ADDRESS | PO BOX 41183          |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32203 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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.

SIGNATURE:

*Merisa Randolph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 14, 2005*

Date

*904-3841340*

Daytime Phone #