

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90496 001 ***211.25

66014631



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number **32-0059672** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JENKINS, LAVELLE L
2494 SHIPROCK CT
DELTONA, FL 32738

**DO NOT WRITE
IN THIS SPACE**

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 *Lavelle L Jenkins* (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JENKINS, LAVELLE L
STREET ADDRESS	2494 SHIPROCK CT
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	V
NAME	TUKES, ANGELA
STREET ADDRESS	3066 LYNN HAVEN ST
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	T
NAME	JENKINS-ADSIDE, SONIA
STREET ADDRESS	2521 GEORGIA AVE
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	S
NAME	PRINGLE, JAKARA C
STREET ADDRESS	127 SCOTT DR
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	M
NAME	HARKNESS, FRANKIE
STREET ADDRESS	2494 SHIPROCK CT.
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	M
NAME	HARVEY- LENT, VANESSA
STREET ADDRESS	605 N. SIGROUT SR.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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: *Lavelle L Jenkins* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____