

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010020

FILED
Jul 06, 2006
Secretary of State

Entity Name: FLORIDIANS FOR INDEPENDENCE AND CHOICE, INC.

Current Principal Place of Business:

649 STONEFIELD LOOP
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

649 STONEFIELD LOOP
HEATHROW, FL 32746

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPARD, CLIFFORD B III
221 NORTHEAST IVANHOE BLVD., SUITE 205
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SPANO, SHARON L
649 STONEFIELD LOOP
HEATHROW, FL 32746 US

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: SHARON L. SPANO

07/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPANO, SHARON L
Address: 649 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: ROSS, KINGSLEY
Address: 43 HARBOUR POINT DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BOWLING, J.C.
Address: 1861 EDGEWATER DRIVE
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SHARON L. SPANO

D

07/06/2006

Electronic Signature of Signing Officer or Director

Date