

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 019 ****61.25

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01132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2415182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, CHARLES E LTC
2306 SE 20 CIRCLE
OCALA, FL 34471

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

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	P	<input type="checkbox"/> Delete
NAME	HAVERLAND, MARK RT REV	
STREET ADDRESS	460 COBB ST	
CITY-ST-ZIP	ATHENS, GA 30606	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUGHEY, THE RW DANIEL C MP	
STREET ADDRESS	8081 WHEELER RD	
CITY-ST-ZIP	AUGUSTA, GA 30909	
TITLE	T	<input type="checkbox"/> Delete
NAME	SYBRANDT, KAREN	
STREET ADDRESS	1060 VICTORIA CROSSING	
CITY-ST-ZIP	WATKINSVILLE, GA 30677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SASSER, JOSEPH MR	
STREET ADDRESS	1020 ROREDA BLVD	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32226	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TRIMMER, NORMAN P JR REV	
STREET ADDRESS	2161 VESPER DR	
CITY-ST-ZIP	CHARLESTON, SC 29414	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEVE, MANDY MRS	
STREET ADDRESS	14723 GAINESBOROUGH AVE	
CITY-ST-ZIP	ORLANDO, FL 32826	

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		<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRIS, Bonnie J.	
STREET ADDRESS	2306 SE 20 Circle	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONROE, James G. Jr, PhD, Rev	
STREET ADDRESS	1961 NW 35 Terrace	
CITY-ST-ZIP	Coconut Creek, FL 33066	
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: CHARLES E. MORRIS LTC USA Retired

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Morris
Secretary & Resident Agent

1/18/05 (352) 622-8331

Date Daytime Phone #