

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90042 025 ****70.00

40015976



02062005 Chg-NP CR2E037 (10/03)

4. FEI Number **68-0577952** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, PHILLIP E
1604 CAMPBELL DR W
FT WALTON BCH, FL 32547-1040

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 renewing)

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/P	<input type="checkbox"/> Delete
NAME	JACKSON, PHILLIP E P	
STREET ADDRESS	1604 CAMPBELL DR W	
CITY-ST-ZIP	FT WALTON BCH, FL 325471040	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, TOMMYE L	
STREET ADDRESS	820 LAUREL DR	
CITY-ST-ZIP	FT WALTON BCH, FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODEN, SR., CLARENCE E DR.	
STREET ADDRESS	902 ALOMA FAYE LANE	
CITY-ST-ZIP	FT WALTON BCH, FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, KARL A	
STREET ADDRESS	2004 ARGYLL CT	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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: *Phillip E. Jackson* **Phillip E Jackson**

2/16/05 **2/16/05**

850-882-2105 **850-882-2105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #