2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2005 8:00 am Secretary of State

1. Entity Nam	ne	N0400000			0015 002 ****70.				
Principal Place of Business 1920 S.W. 72ND STREET GAINESVILLE, FL 32607			Mailing Address 1920 S.W. 7240 STREET PO BOX/ GAINESWILLE, FL 3260 Q 1 Pes UI		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/23 1/e,FC32604-2423			
Principal Place of Business Suite, Apt. #, etc.			Suite, Apt. #, etc.			 	CR2E037 (10/03)		
City & State			CCity & State		4. FEI Number	WILL	<i>(</i> 27)	plied For at Applicable	
Zip	(Country	32/004	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	litional	
	6. Name and	Address of Current	Registered Agent/	Name	7. Name and Address of New Registered Agent Name				
1920 S.W.	LL, ANGELA 72ND STREE ILLE, FL 3260		سبود در می		Street Address (P.O. Box Number is Not Acceptable)				
A				City		-	FL Zip Cod	e	
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 And World and the language of the state of the									
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees		ake check payable to da Department of Si		
10.		OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANC	ES TO OFFICER	RS AND DIRECTORS IN	10	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOODHULL, A 1920 S.W. 72N GAINESVILLE	ID STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMAN, ECI 13980 N.W. Fr MIDANOPY, F	MX_320	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODHULL, 3216 HOLLIDA APOPKA, FL	Y AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Zagar Zagar	Hellida	Out of Delete 32 70 3	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7'	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Fiorida 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 attagment with an address, with all other like empowered.									