

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

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001490

1. Entity Name
COUNTRY HILLS NORTH/SOUTH, INC.



Principal Place of Business
**315 SOUTH CALHOUN STREET
SUITE 600
TALLAHASSEE, FL 32301**

Mailing Address
**315 SOUTH CALHOUN STREET
SUITE 600
TALLAHASSEE, FL 32301**



03162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0885709

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ERVIN, JR., JAMES M
315 SOUTH CALHOUN STREET
SUITE 600
TALLAHASSEE, FL 32301**

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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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ERVIN, JR., JAMES M
STREET ADDRESS 315 SOUTH CALHOUN STREET, SUITE 600
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SD
NAME SPARKMAN, PAULA
STREET ADDRESS 8559 YASHUNTAFUN ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32311

TITLE T
NAME KINSEY, W. B
STREET ADDRESS 1902 RHONDA ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE D
NAME VIED, MICHAEL
STREET ADDRESS 515 COUNTRY HILL ROAD
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D
NAME DUGGER, GERALD
STREET ADDRESS 1946 REGISTER ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE D
NAME RAKER, OVERTON
STREET ADDRESS 10969 GAMBLE ROAD
CITY-ST-ZIP MONTICELLO, FL 32344

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03/28/06-80050-013 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06

Date

(850) 425-5649

Daytime Phone #