

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-10-2005 90046 006 \*\*\*\*61.25

40016195



02022005 Chg-NP CR2E037 (10/03)

4. FEI Number **56-2433114** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PANTAZIS, ELLEN  
2240 SE 5TH ST  
OCALA, FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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

*Ellen Pantazis, ASST. TREASURER*

2-2-05

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	President	<input type="checkbox"/> Delete
NAME	Cooley G Pantazis	
STREET ADDRESS	2240 SE 5th St	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Tom Zotos	
STREET ADDRESS	12297 SE 17th Loop	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Nancy Dean	
STREET ADDRESS	14731 SE 1st Ave Rd	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Irene Manos	
STREET ADDRESS	2560 SW 87th Pl	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE	Asst Treasurer	<input type="checkbox"/> Delete
NAME	Ellen Pantazis	
STREET ADDRESS	2240 SE 5th St	
CITY-ST-ZIP	Ocala, FL 34471	
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:

*Irene Manos* - IRENE MANOS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

Daytime Phone #