## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2005 8:00 am Secretary of State

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Principal Place 45383 DIXIE CALLAHAN, I	E.AVE.	ss	P0 I	ng Address BOX 2210 LAHAN, FL 32011	•	ł	 		<b>                                    </b>	1 (KI) (IPH FIN PI	***** .
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			03012005	Chg-NP	CR2E	037 (10/03)	~ . <del></del>
City & State			C	ity & State			4. FEI Numbe	r			optied For ot Applicable
Zip				Zip			5. Certificate of Status Desired  \$8.75 Additional Fee Required				
	6. Name	e and Address of Cu	rrent Register	ed Agent .		•	7. Name and	Address of New	Registered	d Agent	
MEIDE M	IOSES: IE	•			Nar	me '		-			
817 N. MA	AIN ST	32220 -				eet Address (	(P.O. Box Numbe	r is Not Acceptal	ole)		
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the obliga	e named enti itions of regis	ty submits this statem stered agent.	nent for the purp	pose of changing its r	egistered office	ice or register	red agent, or both	n, in the State of E	Florida. I ar	m familiar with, 	and accept
SIGNATURE		t or printed name of registeres				·		•			
		a or burined hame or redictorer	a agent and title if ap	opticable. (NOTE:	Registered Agent	signature required	d when reinstating)		, DATE		
<del>-</del>	Filing Fe	pe is \$61.25 Way 1, 2005	a agent and title if ap	9. Election Cam Trust Fund Co	paign Financi	<del></del>	\$5.00 May Be Added to Fees		Make che	ck payable to artment of St	
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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 or information 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 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: DE HOME DE LA HAVIS, ST.

3-1-05

904-879-284

Date