

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90154 023 ****61.25

14007232



02152005 Chg-NP CR2E037 (10/03)

4. FEI Number **80-1008853** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MC ELROY, GILDA F
940 ALCAZAR WAY SOUTH
ST. PETERSBURG, FL 33705

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

Gilda F. McElroy President

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/05

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	P	<input type="checkbox"/> Delete
NAME	MC ELROY, GILDA F	
STREET ADDRESS	940 ALCAZAR WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEONARD, JUAN KEITH	
STREET ADDRESS	2697 MIKO TERRACE S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORRISON, EMMA	
STREET ADDRESS	5788 GROVE STREET S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	T	<input type="checkbox"/> Delete
NAME	LLOYD, MALVENAE	
STREET ADDRESS	4809 4TH AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONDY, VERDELL	
STREET ADDRESS	4922 14TH AVENUE S	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENNARD, TERRY	
STREET ADDRESS	P O BOX 15802	
CITY-ST-ZIP	ST. PETERSBURG, FL 33733	

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
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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:

G. Faye McElroy

Date

Daytime Phone

3/21/05 727-894-4311