

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90040 038 ****61.25

60013266



01232006 Chg-NP CR2E037 (11/05)

4. FEI Number **55-0868267** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

PENNEY, AUDREY J
3435 MORTON ST #301-E
PENNEY FARMS, FL 32079

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 _____

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENNEY, AUDREY J PO BOX 1028 PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, ELIZABETH J BETTY PO BOX 287 PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB TIBBETTS, ORLANDO L P.O. BOX 828 PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, JIMMIE LEE PO BOX 161 PENNEY FARMS, FL 32079 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, ELIZABETH J. BETTY PO BOX 287 PENNEY FARMS, FL 32079 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAUNDERS, MYXIE T, P.O. BOX 01 PENNEY FARMS, FL 32079 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

AUDREY J. PENNEY 1/19/06

904/529-9078

PRESIDENT Date

Daytime Phone #

529
9212