


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004304	
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Principal Place of Business P.O. BOX 347 PLYMOUTH, FL 32768	Mailing Address P.O. BOX 347 PLYMOUTH, FL 32768
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04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2898956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARSHALL, WILBURT L 3413 FUDGE RD PLYMOUTH, FL 32712

**DO NOT WRITE
IN THIS SPACE**

3. 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, WILBURT L P.O. BOX 396 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINES, EDDIE P.O. BOX 802 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BELL, GLADYS F P.O. BOX 42 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS THOMPSON, LINDA P.O. BOX 1148 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CHARLIE P.O. BOX 421 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, SANDRA 3621 HOGSHEAD RD PLYMOUTH, FL 32768

U00000534765
05/08/06-80023-021 61.25

**DO NOT WRITE
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: Wilbur L Marshall 4/20/06 407-884-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #