

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 048 ****61.25

50005643



03212006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-2269537

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONVERSE, CLARK
36722 S.R. 52
DADE CITY, FL 33525

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	P	<input checked="" type="checkbox"/> Delete
NAME	KEITH, AL	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, WILTON	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, BOBBYE	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	T	<input type="checkbox"/> Delete
NAME	DELONG, DONNA	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, WILTON	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLURA, F.J.	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, Jim A.	
STREET ADDRESS	36722 S.R. 52	
CITY-ST-ZIP	DADE CITY, FL 33525	
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 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

Date

Daytime Phone #