2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005450



FILED Apr 12, 2006 8:00 am Secretary of State

56-2473863 Not Appl	1843 53 CIR \$ ST PETERSBURG, FL 2. Principal Place of Bi	P.0 33712 ST), BOX 12066			04-12-2006 90080 013 ****61.25		
Suite, Apt. #, etc. Suite, Apt. #, etc. O3292006 Chg-NP CR2E037 (11/05) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name CUTLIFF, YATE K 501 1 AVE N STE 507 ST PETERSBURG, FL 33701 City 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 are the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rendating) DATE		ısiness 3. M). BOX 12066					
City & State Country Country Country Country A. FEI Number 56-2473863 Not Applied if 56-2473863 Not Applied if 56-2473863 Not Applied if 56-2473863 Not Applied if 56-2473863 City 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Name CUTLIFF, YATE K 501 1 AVE N STE 507 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 agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or priving name of registered agent and title if application. (NOTE: Registered Agent algorithms required when rematating) DATE	Suite, Apt. #, etc.	2. Principal Place of Business 3. Mai		alling Address				
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Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Re Make check payable to		ped or printed name of registered agent and title if a	pplicable. (NOTE:	Registered Agent algnature	required when reinstating)	DATE		
Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State	<u> </u>							
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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 ceth; that I am an officer or director of the corporation or the receiver or bustee empowered for executer this Fisport 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:

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