

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90089 043 \*\*\*\*61.25

**20015281**



02242006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>20-1620193</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MORRITT, ANOUSKA  
401 CORBETT STREET  
SUITE 450  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MORRITT, ANOUSKA
STREET ADDRESS	401 CORBETT ST - SUITE 450
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	D
NAME	MINOTAKIS, STEVE
STREET ADDRESS	1717 REGALMIST LOOP
CITY-ST-ZIP	TRINITY, FL 34655

TITLE	D
NAME	TRIPKE, URSULA
STREET ADDRESS	401 CORBETT ST - STE 450
CITY-ST-ZIP	CLEARWATER, FL 33756

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** **ANOUSKA G. MORRITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-2006**

Date

Daytime Phone #