

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90023 009 ****70.00

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02132005 Chg-NP CR2E037 (10/03)

4. FEI Number **22-3904015** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSTD** ☐ Delete
NAME **COMMISSIONG, GEORGE**
STREET ADDRESS **750 SOUTH ORANGE BLOSSOM TRAIL, SUITE 139**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** ☐ Change ☒ Addition
NAME **Maudie Foster**
STREET ADDRESS **750 South Orange Blossom Trail, suite 139**
CITY-ST-ZIP **Orlando FL 32805**

TITLE **D** ☒ Delete
NAME **COMMISSIONG, BRENDA**
STREET ADDRESS **750 SOUTH ORANGE BLOSSOM TRAIL, SUITE 139**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** ☐ Change ☒ Addition
NAME **Arthur Miller**
STREET ADDRESS **712 West Gore street**
CITY-ST-ZIP **Orlando FL 32805**

TITLE **D** ☐ Delete
NAME **JOHNSON, SHIRLEY**
STREET ADDRESS **750 SOUTH ORANGE BLOSSOM TRAIL, SUITE 139**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: George Commissiong **GEORGE COMMISSIONG** 2/14/05 (407) 447 8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #