

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 015 ****70.00

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08222006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2840921

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, BENJAMIN JR.
1686 ASHTON ABBY LN.
CLEARWATER, FL 33755

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 September 6, 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	CEO	<input type="checkbox"/> Delete
NAME	ADAMS, BENJAMIN JR.	
STREET ADDRESS	1686 ASHTON ABBY LN.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	RACKARD, CHARLES	
STREET ADDRESS	604 RICHMOND STREET	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILES, KENNETH	
STREET ADDRESS	651 CAULER AVE.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANS, DONNA	
STREET ADDRESS	914 ELDRIDGE STREET	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYMES, ROSLYN	
STREET ADDRESS	1364 TERRACE ROAD	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, RODGERICK	
STREET ADDRESS	1306 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33755	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin Adams Jr **Benjamin Adams Jr** 08/30/06 (722) 443-1864