## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N050000021			07-14-2006 90023 0	35 ****61.25	
6819 BERRYHILL STREET 681		Mailing Address 6819 BERRYHILL STREET MILTON, FL 32570		300002	e non konst shek kenst spiegh	
Principal Place of Business 3. Ma		. Mailing Address				
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Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		07032006 Chg-NP CR2	E037 (4/06)	
City & State Ci		City & State		4. FEI Number 59-1260951	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Reg	Istered Agent		7. Name and Address of New Registers	<del></del>	
			Name	Name		
MEDDERS, G 5520 SHAMROCK STRET MILTON, FL 32570			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
MILTON, I	£ 32070					
			City	City FL Zip Code		
the obligat	ions of registered agent.  Signature, typed or printegneme of registered agent and to	tle if applicable. (NOTE; Reg	pstered Agent signature requi		ly 06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaig Trust Fund Contr			eck payable to partment of State	
10.	OFFICERS AND DIREC		11.	ADDITIONS/CHANGES TO OFFICERS AND		
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIREC  D SALMONS, JERRY 6074 SUNNYRIDGE DR MILTON, FL 32570	TORS Delete	11.  TITE  MANE  STREET ADDRESS  CITY-ST-ZIP	Mr. Jeff Abram 5464 Limestone Rd. Pensacola, FL 32504	DIRECTORS IN 10 Change Addition	
TITLE NAME STREET ADDRESS	D SALMONS, JERRY 6074 SUNNYRIDGE DR		TITLE MAME STREET ADDRESS D	Mr. Jeff Abram 5464 Limestone Rd.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SALMONS, JERRY 6074 SUNNYRIDGE DR MILTON, FL 32570 D ULRICH, DIANNE 4704 PECANWOOD PLACE	Develo	TARE  MAME  STREET ADDRESS  CITY-S1-ZIP  THEE  NAME  STREET ADDRESS  D	Mr. Jeff Abram 5464 Limestone Rd. Pensacola, FL 32504  Mrs. Ruth Booze 5047 Barbara Lane	Change Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SALMONS, JERRY 6074 SUNNYRIDGE DR MILTON, FL 32570 D ULRICH, DIANNE 4704 PECANWOOD PLACE PACE, FL 32571 D COX, WOODY 6033 GRANDWOOD DRIVE	Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS D  TITLE NAME STREET ADDRESS D	Mr. Jeff Abram 5464 Limestone Rd. Pensacola, FL 32504  Mrs. Ruth Booze 5047 Barbara Lane Milton, FL 32570  Mr. Stephen Melton 6436 Robie Road	☐ Change	
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SALMONS, JERRY 6074 SUNNYRIDGE DR MILTON, FL 32570 D ULRICH, DIANNE 4704 PECANWOOD PLACE PACE, FL 32571 D COX, WOODY 6033 GRANDWOOD DRIVE MILTON, FL 32570 D FITZGERALD, GLENDA P.O. BOX 355	Delete  Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS V STREET ADDRESS	Mr. Jeff Abram 5464 Limestone Rd. Pensacola, FL 32504  Mrs. Ruth Booze 5047 Barbara Lane Milton, FL 32570  Mr. Stephen Melton 6436 Robie Road Milton, FL 32570  Mr. John Hodges 5441 Rowe Trail	Change Addition  Change Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS	D SALMONS, JERRY 6074 SUNNYRIDGE DR MILTON, FL 32570  D ULRICH, DIANNE 4704 PECANWOOD PLACE PACE, FL 32571  D COX, WOODY 6033 GRANDWOOD DRIVE MILTON, FL 32570  D FITZGERALD, GLENDA P.O. BOX 355 BAGDAD, FL 32530  C/D MEDDERS, G. 5520 SHAMROCK STREET	Delete  Delete	T.TLE  MAME STREET ADDRESS CITY-S1-ZIP  TITLE  MAME STREET ADDRESS	Mr. Jeff Abram 5464 Limestone Rd. Pensacola, FL 32504  Mrs. Ruth Booze 5047 Barbara Lane Milton, FL 32570  Mr. Stephen Melton 6436 Robie Road Milton, FL 32570  Mr. John Hodges 5441 Rowe Trail Pace FL 32571  Mrs. Frances Wamble 4803 Jaimee Leigh Drive	☐ Change	

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

4 July 06

Ωaytime Phone #