

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90006 005 \*\*\*158.75

40093413



02272006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-381103** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

PORTNOY, LANA  
494 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779

## 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 \_\_\_\_\_ (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**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PORTNOY, LANA	
STREET ADDRESS	PO BOX 161416	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32716	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNIZZI, DAVID	
STREET ADDRESS	70A LAVELL AVE	
CITY-ST-ZIP	STATON ISLAND, NY 10314	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNIZZI, ANGELA	
STREET ADDRESS	70A LAVELL AVE	
CITY-ST-ZIP	STATON ISLAND, NY 10314	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELTON, DENNIS	
STREET ADDRESS	4770 CORPUS CHRISTIE CT	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELTON, HOLLY	
STREET ADDRESS	4770 CORPUS CHRISTIE CT	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, SUSAN	
STREET ADDRESS	205 BUTTOWNWOOD DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	

## 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 like empowered.

SIGNATURE: Lana Portnoy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-2006 407724-7093  
Date Daytime Phone

ATTACHMENT

40095414

#N85000065320

Sorry this is late 6/8/06  
I called & heard the message  
which said Send \$150.00  
late pymt - Added 8.25  
Ⓢ158.25. I hope this  
is correct payment.  
The notice I received  
got misplaced And I  
just found it Today.  
let me know if I have to  
do anything Else -  
Thank you  
Lana fortway