2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

OCUMENT # N05000005731 THE FLORIDA CHAPTER OF THE SUPERVISED ******61.25 ***********************************					- 5ec	retary of Sta	.te	
1221 KING STREET ACKSONVILLE, FL 32204 US 3. Mailing Address Suite, Apt. e. etc. O3202006 Chg. NP CR2E037 (11/08) Applied E. FR Required FR P ZP Code FR Required FR Re	1. Entity Name THE FLOR	IDA CHAPTER OF THE SU			1	_		
Suite. Apt. #, etc. Suite. Apt. #, etc.	1221 KING ST	REET	1221 KING STREET	04 US				
City & State City & State City & State Country Country Country Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Auditional Fine Required	2. Principal Place of Business		3. Mailing Address				51 91 1551	
Zip Country Zip Country 5. Countr	Suite, Apt. #, etc.				Ong			
8. Name and Address of Current Registered Agent 7. Name end Address of New Registered Agent NULLET, JOSEPH 1221 KING STREET JACKSONVILLE, FL 32204 City FL 2/p Code 8. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and acree to ently submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and acree to ently submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and acree to ently submits of registered agent, or both, in the State of Florids. I am familiar with, and acree to ently submit and acree to ently acree to ent	City & State		,		4. FEI Number	√ Not	Applicable	
NULLET, JOSEPH 1221 KING STREET JACKSONVILLE, FL 32204 City FL 2:p 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. 1 am familiar with, and ac in his obligations of registered agent. SIGNATURE Dignature tyrania or prised name of rings seried agent agent and time if applicable. (NOTE, Registered Agent synthia resolved when remittaling) DATE Filling Fee' is \$61,25	Zip			Country		Fee Required		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	legistered Agent	Name	7. Name and Addre	ess of New Registered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the debigations of registered agent, or both, in the State of Florida. I am familiar with, and act the familiar with advantages of Florida Debigations of Florida	1221 KING STREET							
TITLE STEET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP STREET ADDRES	•			Gity	FL Zip Code			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE		Filing Fee is \$61.25	9. Election Can	npaign Financing	\$5.00 May Be	Make check payable to		
TITLE NAME STREET ADDRESS CITY-ST-2IP NULLET, JOSEPH STREET ADDRESS CITY-ST-2IP NULLET, JOSEPH STREET ADDRESS CITY-ST-2IP NULLET, JOSEPH NAME STREET ADDRESS CITY-ST-2IP NULLET, JOSEPH NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP						S TO OFFICERS AND DIRECTORS IN	10	
TITLE S WATERMAN, TRISH STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	P NULLET, JOSEPH 1221 KING STREET	 	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE		Addition	
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TITLE	TITLE NAME STREET ADDRESS	7,11117,112 33332	☐ Delete	NAME STREET ADDRESS		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-S1-ZIP COLORS STREE	TITLE NAME STREET ADDRESS		☐ Delete	STREET ADORESS CITY-ST-ZIP	land in Charge 110 Fig.	Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Prorice statutes. I further certify that it is 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 eath; 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 access, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Daytanti Phone #