# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/1

**FILED**
**Jun 12, 2006 8:00 am**
**Secretary of State**
05-01-2006 90325 045 ****61.25

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DOCUMENT # N05000005876

1. Entity Name
FLORIDA FAIR ELECTIONS CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 120 WEST NEW YORK AVENUE<br>DELAND, FL 32720 | POST OFFICE BOX 317<br>DELAND, FL 32721 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 112 West New York Ave. | P.O. Box 317 |
| Suite, Apt. #, etc.: 201 | Suite, Apt. #, etc.: |
| City & State: DeLand FL | City & State: DeLand FL |
| Zip: 32720 Country: U.S.A | Zip: 32721-0317 Country: U.S.A. |

04242006 Chg-NP CR2E037 (11/05)

4. FEI Number: 202961337 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PYNCHON, SUSAN<br>32 PARK AVENUE<br>DELEON SPRINGS, FL 32130 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: Susan Pynchon Susan Pynchon 4/26/06
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, 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PYNCHON, SUSAN<br>32 PARK AVENUE<br>DELEON SPRINGS, FL 32130 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAPIDUS, ANITA L<br>52 APPALOOSA LANE<br>ORMOND BEACH, FL 32174 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARBER, MARY K<br>1162 AHTLONE WAY<br>ORMOND BEACH, FL 32130 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** Susan Pynchon Susan Pynchon 4/26/06 (386)804-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #