

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-11-2006 90105 036 ****70.00

DOCUMENT # N05000006406

1. Entity Name
ON MY OWN, INC.



Principal Place of Business
**1214 AVONDALE LANE
WEST PALM BEACH, FL 33409**

Mailing Address
**1214 AVONDALE LANE
WEST PALM BEACH, FL 33409**

66016157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006

Chg-NP

CR2E037 (11/05)

FBI Number

26-8118609

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

**DAVIS-JOHNSON, TONYA
7321 73RD WAY
WEST PALM BEACH, FL 33407**

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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

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	P	☐ Delete
NAME	GRANGER, KATRINA W	
STREET ADDRESS	1214 AVONDALE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	☐ Delete
NAME	GIBSON, FRANKI	
STREET ADDRESS	1214 AVONDALE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	☐ Delete
NAME	PARKER, SHEENA	
STREET ADDRESS	1214 AVONDALE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	☐ Delete
NAME	BOSTIC, JACQUELINE	
STREET ADDRESS	1214 AVONDALE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 my address. With or without my empowerment.

SIGNATURE:

Katrina W. Granger **Katrina W. Granger**

4/6/06 561-494-0053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #