2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2006 8:00 am Secretary of State

Date

Expect Access of Country	1. Entity Name	MAS P. A	# N0500000 AND GRETCHEN C.		CH FAMILY				07-05-2006 9	-		00
Suite, Apt. #, etc. Suite, Apt. #, etc.	4372 ROMA BOULEVARD 4372 ROMA BOULEVARD								. O V 1	IEI 85)) B0)10 8))	 	TÎ lej û j j e rj
City & State Cuy & State	2. Principal Place of Business 3. M				Mailing Address							
Zip Country Zip Country Sip Sales and Address of Current Registered Agent T. 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 pile statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent agent agent agent and title 4 sophicine (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. Filling Fee is \$61.25 Filling Fee is \$61.25	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			06212006	Chg-NP	CR2E0	37 (4/06)	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Curren	t Registere	ed Agent			7. Name and	Address of New I	Registered A	gent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Borida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, hose or princed name of registered agent and title if applicable. (NOTE Registered Agent agent are title if applicable. (NOTE Registered Agent agent agent agent agent are title if applicable. (NOTE Registered Agent a			\ \^ADD					ees (C.O. Bou Number	ie Net Assessed	- \		
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D. LYNCH, THOMAS P. STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32210 CITY-ST-2IP TITLE D. LYNCH, GRETCHEN C. STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32210 CITY-ST-2IP TITLE D. LYNCH, GRETCHEN C. STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32210 CITY-ST-2IP TITLE D. LYNCH, ROBERT P. STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32204 CITY-ST-2IP TITLE D. LYNCH, ROBERT P. STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32204 CITY-ST-2IP TITLE MAME STREET ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32204 CITY-ST-2IP TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE MA	SIGNATURE .	Signature, typed	or printed name of registered ager	nt and title if app	Dicable. (NOTI	E: Registered	1 Agent signature re	equired when reinstaking)		DATE		
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12. Thereby 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	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADORESS CITY-S1-ZIP TITLE NAME STREET ADORESS CITY-S1-ZIP TITLE NAME STREET ADORESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	LYNCH, T 4372 ROM JACKSON D LYNCH, G 4372 ROM JACKSON D LYNCH, R 2165 RIVE	HOMAS P MA BOULEVARD IVILLE, FL 32210 BRETCHEN C MA BOULEVARD IVILLE, FL 32210 BOBERT P ER BOULEVARD	IRECTORS	Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE NAME STREE	ET ADDRESS -ST-ZIP	ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
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 of direct 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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADORESS CITY-S1-ZIP TITLE NAME STREET ADORESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	LYNCH, T 4372 ROM JACKSON D LYNCH, G 4372 ROM JACKSON D LYNCH, R 2165 RIVE JACKSON	HOMAS P MA BOULEVARD IVILLE, FL 32210 BRETCHEN C MA BOULEVARD IVILLE, FL 32210 ROBERT P ER BOULEVARD IVILLE, FL 32204		Delete Delete Delete Delete Delete	TITLE NAME STREE CITY-	ET ADDRESS -ST-ZIP				☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

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