

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90239 001 \*\*\*\*70.00

<b>DOCUMENT # N05000008454</b> 1. Entity Name <b>STUCKEY COMMUNITY ACTIVIST INC.</b>					
Principal Place of Business <b>1114 VIZCAYA LAKES RD APT. 110 OCOE, FL 34761</b>			Mailing Address <b>1114 VIZCAYA LAKES RD APT. 110 OCOE, FL 34761</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GRAHAM, SOLLOSTINE M 1114 VIZCAYA LAKES RD APT. 110 OCOE, FL 34761</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Sollostine M</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/4/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAHAM, SOLLOSTINE M</b>		NAME		
STREET ADDRESS	<b>1114 VIZCAYA LAKES RD APT. 110</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>OCOE, FL 34761</b>		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PENNY, CHERYL</b>		NAME	<b>Graham, Dawnie</b>	
STREET ADDRESS	<b>15549 STUCKEY LOOP</b>		STREET ADDRESS	<b>2231 Taylor St.</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34763</b>		CITY-ST-ZIP	<b>Mascotte, FL 34753</b>	
TITLE	SEC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAHAM, DAWNIE</b>		NAME		
STREET ADDRESS	<b>2231 TAYLOR ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MASCOTTE, FL 34753</b>		CITY-ST-ZIP		
TITLE	TRES <input checked="" type="checkbox"/> Delete		TITLE	TRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, HAZEL</b>		NAME	<b>Miller, Shamika S.</b>	
STREET ADDRESS	<b>15518 STUCKEY LOOP</b>		STREET ADDRESS	<b>840 S. Grand Hwy Apt 62B</b>	
CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		CITY-ST-ZIP	<b>Clermont, FL 34711</b>	
TITLE	AS T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILLER, SHAMIKA S</b>		NAME		
STREET ADDRESS	<b>840 S. GRAND HWY APT. 62B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Sh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/4/06</u> DAYTIME PHONE # <u>352 348 1598</u>		