

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90034 024 \*\*\*\*70.00

40042373



02262005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2509335

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

STALCUP, PHIL  
7508 QUAIL RUN CT  
ORLANDO, FL 32819

## 7. Name and Address of New Registered Agent

Name STALCUP, JO ANN

Street Address (P.O. Box Number is Not Acceptable)

7508 QUAIL RUN CT

City ORLANDO

FL

Zip Code 32819

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 JoAnn M. Stalcup TREASURER 3/28/05  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAHLIN, ROBERT	
STREET ADDRESS	1988 SWIFT ROAD	
CITY-ST-ZIP	OVIEDO, FL 32766	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHMELIR, ANDREW	
STREET ADDRESS	4550 EDEN PARK CIR	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEAL, BILL	
STREET ADDRESS	4811 BERRYWOOD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STALCUP, PHIL	
STREET ADDRESS	7508 QUAIL RUN CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	STALCUP, JO ANN	
STREET ADDRESS	7508 QUAIL RUN CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WALLICK, MARK	
STREET ADDRESS	308 E GENEVA	
CITY-ST-ZIP	OCOE, FL 34761	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHMELIR, ANDREW	
STREET ADDRESS	4550 EDEN PARK CIR	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAJDT, DANIEL	
STREET ADDRESS	200 RIVERVIEW DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALCUP, JO ANN	
STREET ADDRESS	7508 QUAIL RUN CT	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLICK, MARK	
STREET ADDRESS	308 E GENEVA	
CITY-ST-ZIP	OCOE, FL 34761	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JoAnn M. Stalcup TREASURER 3/28/05 407-425-5424 x305  
Signature and typed or printed name of signing officer or director Date Daytime Phone #