

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 007 ****70.00

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04202006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-4079783 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BLAND, ROBERT M
885 EAST HALL ROAD
MERRITT ISLAND, FL 32953

7. 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 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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Bland, Robert M	
STREET ADDRESS	293 Lauren Ct	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Vanderpool, Katherine S	
STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Will, Gayle	
STREET ADDRESS	491 Seacrest Ave	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	Lane, Robert G	
STREET ADDRESS	305 Bahama Dr	
CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Trout, Darla	
STREET ADDRESS	885 E Hall Rd	
CITY-ST-ZIP	Merritt Island FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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 chairman 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, to all other like or similar reports.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert M. Bland

4/21/06

321-453-0350