

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90094 040 \*\*\*\*61.25

**60028535**



01032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-0863199

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CARLSON, JOAN  
6230 77TH STREET  
VERO BEACH, FL 32960

## 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	VPD	<input type="checkbox"/> Delete
NAME	BRITT, J.C. MR	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEBB-HASKETT, CYNTHIA	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDEVITT, THOMAS	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORSE, CHALMERS	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VICKERS, DEBBIE	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KOCHIER-NEWELL, JUDY	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	

## 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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA STARCK	
STREET ADDRESS	6230 77TH ST.	
CITY-ST-ZIP	VERO BEACH, FL 32967	
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		
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 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: Thomas McDevitt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 772-388-3826  
Date Daytime Phone #