

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90136 001 ****61.25

08-09-2004 90136 002 *****8.75

66431635



MOORE CR2E037 (4/04)

4. FEI Number **59-2594430**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACKERMAN, NICHIA C REV.
4600 E. BUSCH BLVD.
TAMPA FL 33617

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

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTD	GIESLER, JEANIE	4600 E BUSCH BLVD	TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	COLMAN-ACKERMAN, NICHIA REV.	4600 E BUSCH BLVD.	TAMPA FL 33617	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	WOOTEN, ANN	2030 HAMPSTEAD CIR	SUNCITY CENTER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	CLAUDE ESCOBAR	2500 BAY SHORE DR	TAMPA FL 33629	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 an officer like empowered.

SIGNATURE:

Rev. N. ACKERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-30-04 813 245 5730