

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90305 003 \*\*\*\*61.25

40070974



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2692878

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CALDWELL, ANNETTE K.  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293

## 7. Name and Address of New Registered Agent

Name  
KEYS-CALDWELL, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
1162 INDIAN HILLS BLVD.  
VENICE, FL 34293  
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 *James A. Hunt* DATE 4/12/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	NAME	MILLER, HARRY	STREET ADDRESS	211 AIRPORT AVE, #212	CITY-ST-ZIP	VENICE, FL 34285
TITLE	TD	NAME	SURRETTE, ANTOINETTE	STREET ADDRESS	222 BRAEBURN RD	CITY-ST-ZIP	EAST LONGMEADOW, MA 01028
TITLE	SD	NAME	MEYER, DORIS	STREET ADDRESS	211 AIRPORT AVENUE # 211	CITY-ST-ZIP	VENICE, FL 34285
TITLE	PD	NAME	NICORA, GUS	STREET ADDRESS	111 AIRPORT AVENUE, #106	CITY-ST-ZIP	VENICE, FL 34285
TITLE	D	NAME	BROOKS, RICHARD	STREET ADDRESS	211 AIRPORT AVE, #210	CITY-ST-ZIP	VENICE, FL 34285
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	

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

TITLE	D	NAME	Robert Lloyd	STREET ADDRESS	111 Airport Avenue #102	CITY-ST-ZIP	Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	Adolph Tardel	STREET ADDRESS	217 Airport Avenue # 218	CITY-ST-ZIP	Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James A. Miller* DATE 4-20-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR