

Certified Mail # 7004 1350 0003 8030 5089

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90168 016 \*\*\*\*61.25

20055535



04062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0035761**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LECKEY, PHILLIP D  
9115 58TH DR. E.  
STE A  
BRADENTON, FL 34202

**7. Name and Address of New Registered Agent**

Name **Countryside Management Services, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**9115 58th Dr. E. Suite A**  
**Bradenton, FL 34202**  
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, 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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LECKEY, PHILLIP D 9115 58TH DR. EAST, STE A BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDERS, LINDA 9115 58TH DR. EAST, STE A BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMES, KENT 13631 2ND AVE E. BRADENTON, FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director BLAIR BETZ 201 Mill Run East Bradenton, FL 34212	<input checked="" type="checkbox"/> Delete ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director KLAUS DORANTH 606 134th St E Bradenton, FL 34212	<input checked="" type="checkbox"/> Delete ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director DARRYL CROWE 13538 4th Ave NE Bradenton, FL 34212	<input checked="" type="checkbox"/> Delete 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	PRESIDENT JAMES K. KIMES 13631 2nd Ave E Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas S. Grimaldi 710 134th St E. BRADENTON, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary PETER J. FAYRITY 13542 4th Ave N. Bradenton, FL 34212	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DAVID F. CROFT 13624 4th Ave NE BRADENTON, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #