

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2770518** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

BARTH, JEANNE M
3709 W. HAMILTON AVE STE. 2
TAMPA FL 33614-4015

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 _____

FILE NOW: 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	<input type="checkbox"/> Delete
NAME	HALL, BETH	
STREET ADDRESS	6094 GLENDALE DRIVE	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTH, JEANNE M	
STREET ADDRESS	3709 W. HAMILTON AVE STE. 2	
CITY - ST - ZIP	TAMPA FL 33614-4015	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, CHERYL	
STREET ADDRESS	129 VIA HAVARRE	
CITY - ST - ZIP	MERRITT ISLAND FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHYLAKE, JODI	
STREET ADDRESS	1500 PALM BEACH ROAD	
CITY - ST - ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, GAYLE	
STREET ADDRESS	4105 N. 49TH AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
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"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 Section 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: *Jeane M Barth* *THANNE M BARTH* *5/5/06 813-52-59*