

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

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90005 009 \*\*\*\*61.25

**DOCUMENT # N25264**

1. Entity Name

GIL CREST FARM OWNERS ASSOCIATION, INC.



Principal Place of Business

GILCREST TRAINING CENTER  
1979 SW 15 WAY  
BELL FL 32619  
US

Mailing Address

GILCREST TRAINING CENTER  
2150 SW 17 TERRACE  
BELL FL 32619  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2359585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LACASSE, ROBERT A MR  
2150 SW 17TH TERR  
BELL FL 32619

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, 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

TITLE PD ☒ Delete  
NAME MILLARD, DOUG  
STREET ADDRESS 2132 SW 17 TER  
CITY-ST-ZIP BELL FL 32619

TITLE VPD ☐ Delete  
NAME AUDLEY, THOMAS  
STREET ADDRESS 1869 SW 22ND PL  
CITY-ST-ZIP BELL FL 32619

TITLE SD ☒ Delete  
NAME AYLOR, MELVIN  
STREET ADDRESS 2100 SW 15 WAY  
CITY-ST-ZIP BELL FL 32619

TITLE TD ☐ Delete  
NAME LACASSE, ROBERT A  
STREET ADDRESS 2150 SW 17 TER  
CITY-ST-ZIP BELL FL 32619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.P. ☐ Change ☒ Addition  
NAME Henry Wilson  
STREET ADDRESS 1579 S.W. 22nd Place  
CITY-ST-ZIP Bell, Fl. 32619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S.D. ☐ Change ☒ Addition  
NAME James M. Timoney  
STREET ADDRESS 1280 S.W. 16th Lane  
CITY-ST-ZIP Bell Fl. 32619

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Robert Lacasse* T.P. Robert Lacasse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Jan 25-04

Daytime Phone # 463-1979