

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90160 028 \*\*\*\*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



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, HENRY	
STREET ADDRESS	1579 SW 22ND PLACE	
CITY-ST-ZIP	BELL FL 32619	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	AUDLEY, THOMAS	
STREET ADDRESS	1869 SW 22ND PL	
CITY-ST-ZIP	BELL FL 32619	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCIMURRAY, JAMES	
STREET ADDRESS	1280 SW 16TH LANE	
CITY-ST-ZIP	BELL FL 32619	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LACASSE, ROBERT A	
STREET ADDRESS	2150 SW 17 TER	
CITY-ST-ZIP	BELL FL 32619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	melvin Aylof D.V. M.	
STREET ADDRESS	2100 SW 15th Way	
CITY-ST-ZIP	Bell FL 32619	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Dennis	
STREET ADDRESS	1569 SW 22nd Place	
CITY-ST-ZIP	Bell FL 32619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

3-2005

Daytime Phone #

463-1979