

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

FILED
Feb 02, 2006 08:00 AM
Secretary of State

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 (10/05)

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, 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 PD ☐ Delete
NAME AYLOT, MELVIN
STREET ADDRESS 2100 SW 15TH WAY
CITY-ST-ZIP BELL FL 32619

TITLE VPD ☐ Delete
NAME DENNIS, TONY
STREET ADDRESS 1569 SW 22ND PLACE
CITY-ST-ZIP BELL FL 32619

TITLE SD ☐ Delete
NAME MCIMURRAY, JAMES
STREET ADDRESS 1280 SW 16TH LANE
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 ☐ Change ☐ Add
NAME
STREET ADDRESS 000000415827
CITY-ST-ZIP 02/11/06-80097-006 61.25

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

TITLE ☐ Change ☐ Add
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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.