

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

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90062 008 \*\*\*\*61.25

**DOCUMENT # N25505**

1. Entity Name

THE FORREST ADVISORY COUNCIL INC.



Principal Place of Business

% MADELEINE E. ADKINS,  
538 S.E. 162 TERR.  
SILVER SPRINGS FL 34488-5116  
US

Mailing Address

427 % MADELEINE E. ADKINS  
538 S.E. 162 TERR.  
SILVER SPRINGS FL 34488-5116  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2952857

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

ADKINS, MADELEINE E  
427 S.E. 162 TERR.  
SILVER SPRINGS FL 34488-5116

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, 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 DP ☐ Delete  
NAME KLEBES, THEODORE F  
STREET ADDRESS 171 N.E. 167 STREET  
CITY-STATE-ZIP SILVER SPRINGS FL 34488-5116

TITLE DS ☐ Delete  
NAME CROSS, OLGA  
STREET ADDRESS 14929 N.E. 86 LANE  
CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE TD ☐ Delete  
NAME ADKINS, MADELEINE  
STREET ADDRESS 427 S.E. 162 TERR.  
CITY-STATE-ZIP SILVER SPRINGS FL 34488-5116

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*Madeline E. Adkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADELEINE E. ADKINS 1-26-05

Date

Daytime Phone #

40013893



1st MOORE

CR2E037 (10/04)

352-625-  
1386