

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90030 044 \*\*\*\*61.25

00007281



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-6001037

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

COOPER, JOHN  
100 W CALL ST.  
STARKE, FL 32091

## 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

**Filing 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	T	<input checked="" type="checkbox"/> Delete
NAME	HUTCHESON, BARBARA	
STREET ADDRESS	2531 SR 230 E	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BUCKLEY, GRACE	
STREET ADDRESS	390 SW JASMINE AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIDDICK, JOE	
STREET ADDRESS	10551 US 301 SOUTH	
CITY-ST-ZIP	HAMPTON, FL 32044	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELIXSON, KENNETH	
STREET ADDRESS	18982 NW 84TH AVE.	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FOUNTAIN, ANN	
STREET ADDRESS	3483 NW CR 125	
CITY-ST-ZIP	LAWTEY, FL 32058	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, JOHN S	
STREET ADDRESS	100 W. CALL ST.	
CITY-ST-ZIP	STARKE, FL 32091	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Ruth Riddick	
CITY-ST-ZIP	10551 SW 301 South Hampton, FL 32044	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kent Petelle	
STREET ADDRESS	2673 SR 230 E	
CITY-ST-ZIP	Starke, FL 32091	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Hatcher, III	
STREET ADDRESS	1325 Bessent Road	
CITY-ST-ZIP	Starke, FL 32091	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marion Payne	
STREET ADDRESS	1126 Bessent Rd	
CITY-ST-ZIP	Starke, FL 32091	
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 exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Cooper

Date

Daytime Phone #

1/17/06

904-964-4701