

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90012 050 \*\*\*\*61.25

**60009725**



01202006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2856559** 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

MILLER, ROBERT T.  
100 EAST LEMON STREET  
PO BOX 8169  
LAKELAND, FL 33802-8169

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	LOOSE, WILFORD	173 JEFF ST	LAKELAND, FL 33815	<input checked="" type="checkbox"/>
SD	REIF, MARTHA N	4444 US 98 N #437	LAKELAND, FL 33809	<input checked="" type="checkbox"/>
VD	MCCASLIN, RUSSELL	415 MARTIN DR	LAKELAND, FL 33809	<input checked="" type="checkbox"/>
TD	WOOD, JOHN R	1610 REYNOLDS ROAD #32	LAKELAND, FL 33801	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	MARTHA NELL REIF	1579 LONGBOW DR.	LAKELAND, FL 33810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	DOROTHY SLIFER	6125 ANGUS DR.	LAKELAND, FL 33810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CLAUDE WHITE	1847 MASTERS LANE	LAKELAND, FL 33810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	PHYLLIS A. WOOD	1610 REYNOLDS RD. #32	LAKELAND, FL 33801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Phyllis A. Wood* **PHYLLIS A. WOOD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/06*  
Date

*863665-3364*  
Daytime Phone #