

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90313 027 \*\*\*\*70.00

**60025048**



03102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2939413

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CIANFRONE PA, JOSEPH  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698

## 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	DP	<input type="checkbox"/> Delete
NAME	TURNER, RAYMOND	
STREET ADDRESS	9150 GOLFVIEW DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BRADNICK, GERALD	
STREET ADDRESS	3205 LORI LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DORMAN, HAROLD	
STREET ADDRESS	3215 LORI LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KUDIRKA, ROBERT	
STREET ADDRESS	3441 LORI LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, FRANK	
STREET ADDRESS	9223 TURNBERRY CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	GANLEY, JOE	
STREET ADDRESS	3633 TEESIDE DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN WEWERS	
STREET ADDRESS	9316 GOLFVIEW DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK BAKER	
STREET ADDRESS	3229 TEESIDE DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB BENFORD	
STREET ADDRESS	9550 MIDIRON CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MILNOR	
STREET ADDRESS	3452 TROPHY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

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

*Richard A. Keffer* RICHARD A. KEFFER, CONTROLLER

3-10-06

Date

727-376-0936

Daytime Phone #