

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90468 010 ****61.25

60032491



03302006 Chg-NP CR2E037 (11/05)

4. FEI Number
26-4117548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GEHMAN, DOUG
509 CANAL STREET
NEW SMYRNA BCH, FL 32168

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEHMAN, DOUG	
STREET ADDRESS	509 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VARRASSO, JOHN	
STREET ADDRESS	402 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCRACKEN, PATTI	
STREET ADDRESS	426 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, STEVE	
STREET ADDRESS	334 CANAL ST	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

386-428-4199

Daytime Phone #