

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90271 028 ****61.25

20041313



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-0696290** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, JIM
12426 GATELY OAKS LANE E
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name **Maiolo, Robert**
Street Address (P.O. Box Number is Not Acceptable)
10258 Cypress Lakes Dr.
City **Jacksonville** FL Zip Code **32256**

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 Robert Maiolo **Robert Maiolo, Chair** **1/24/2005**
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, 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	VDVC	☐ Delete
NAME	SABOL, JOAN	
STREET ADDRESS	5016 RIVER PT RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	☒ Delete
NAME	ROBBIE, GORDON	
STREET ADDRESS	5000 SAN JOSE BLVD #123	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VD	☒ Delete
NAME	DANIEL, SANDY	
STREET ADDRESS	3395 PICKWICK DR S	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	C	☒ Delete
NAME	LONG, JAMES	
STREET ADDRESS	12426 GATELY OAKS LANE E	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	DS	☐ Delete
NAME	PIXLEY, ROSEMARIE E	
STREET ADDRESS	2232 SCHUMACHER AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	D	☐ Delete
NAME	SCOGGINS, JIMMIE S	
STREET ADDRESS	725 MONTERGO RD E	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	☐ Change ☒ Addition
NAME	Robert Maiolo	
STREET ADDRESS	10258 Cypress Lakes Dr.	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	☐ Change ☒ Addition
NAME	Laene Racine	
STREET ADDRESS	1505 Nicholson Rd.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☐ Change ☒ Addition
NAME	Linda Pickett	
STREET ADDRESS	2704 Elisa Dr. E	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	☐ Change ☒ Addition
NAME	Maxine Westbrook	
STREET ADDRESS	2962 Cobblestone Cir. W.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	D	☐ Change ☒ Addition
NAME	Sam Crews	
STREET ADDRESS	5628 Milmar Dr. S.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☐ Change ☒ Addition
NAME	Carlos Arguelles	
STREET ADDRESS	2416 Holmes St.	
CITY-ST-ZIP	Jacksonville, FL 32207	

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: Robert Maiolo **3-14-05** **904.443-1033**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #