

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90270 023 ****61.25

14010041



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2940133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, FRANK A
202 EAST LAFAYETTE ST.
MARIANNA, FL 32446

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, 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 P
NAME OWENS, ANALISA Malisa ☐ Delete
STREET ADDRESS 903 OCHERSEE LANDING RD.
CITY-ST-ZIP GRAND RIDGE, FL

TITLE PE ☒ Delete
NAME HORNE, BONNIE
STREET ADDRESS 4778 MEADOW VIEW RD.
CITY-ST-ZIP MARIANNA, FL 32446

TITLE VP ☐ Delete
NAME STEPHENS, SYLVIA
STREET ADDRESS 1925 HOOT OWL BEND
CITY-ST-ZIP MARIANNA, FL 32448

TITLE ST ☐ Delete
NAME MILES, JULIE H
STREET ADDRESS 2941 RUSS STREET
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D ☐ Delete
NAME KEESEE, KAREN
STREET ADDRESS 4724 SHEFFIELD RD
CITY-ST-ZIP MARIANNA, FL 32446

TITLE D ☐ Delete
NAME DEMMON, BETTY
STREET ADDRESS 2275 FAIRVIEW RD
CITY-ST-ZIP MARIANNA, FL 32448

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE Sheila Glover ☐ Change ☒ Addition
NAME 1658 Gulf Power Rd
STREET ADDRESS Sneads, FL 32460
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Julie H. Miles Julie H. Miles

4/27/05

850 526 5058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #