

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90046 010 ****61.25

40016191



01282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2987840

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

GATEWOOD, GARY
5319 THORNTON LANE
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent

Name **BILL C. BERNHARDT**
Street Address (P.O. Box Number is Not Acceptable)
2916 EAST AVON ROAD
City **Panama City** FL Zip Code **32405**

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

Bill C. Bernhardt

5 FEB 05

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GATEWOOD, GARY	
STREET ADDRESS	5719 KEVIN CIR	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOSO, MELANIE	
STREET ADDRESS	710 VENETIAN WAY	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32405	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKAY, DEL	
STREET ADDRESS	2409 VALLEY OAK CT	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BANYAI, FRANK	
STREET ADDRESS	15125 SIDECAMPE RD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAY, KAREN	
STREET ADDRESS	PO BOX 1743	
CITY-ST-ZIP	WEWAHITCHKA, FL 32465	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL C. BERNHARDT	
STREET ADDRESS	2916 EAST AVON ROAD	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD BENTLEY	
STREET ADDRESS	P.O. Box 775	
CITY-ST-ZIP	EAST POINT, FL 32328	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD A. WEINBERG	
STREET ADDRESS	117 SUMMERBREEZE ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413	
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 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 any attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Weinberg RICHARD A. WEINBERG 2/1/05 850-230-0768

Date

Daytime Phone #