

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90090 025 \*\*\*\*61.25

**DOCUMENT # N38693**

1. Entity Name

DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.



Principal Place of Business

24 SW HOLLYWOOD BLVD  
SUITE 7  
FT WALTON BEACH FL 32549  
US

Mailing Address

P O BOX 838  
FORT WALTON BEACH FL 32548



2. Principal Place of Business - No P.O. Box #

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

*SAME*

Suite, Apt. #, etc.

*SAME*

City & State

*SAME*

City & State

*SAME*

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3048303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SHELLEY, SID  
120 MICHAEL AVE  
FORT WALTON BEACH FL 32547

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 registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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: CD ☐ Delete  
NAME: SHELLEY, SID  
STREET ADDRESS: 120 MICHAEL AVE  
CITY- ST- ZIP: FORT WALTON BEACH FL 32547

TITLE: SD ☒ Delete  
NAME: REAVIS, MARY ANN  
STREET ADDRESS: 340 VININES WAY BLVD APT 12208  
CITY- ST- ZIP: DESTIN FL 32541-5374

TITLE: TD ☒ Delete  
NAME: KITCHIN, DOSSIE  
STREET ADDRESS: 500 S AVE  
CITY- ST- ZIP: FORT WALTON BEACH FL 32547

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: SD ☐ Change ☒ Addition  
NAME: AARON COPELAND  
STREET ADDRESS: 705 SAILFISH DRIVE  
CITY- ST- ZIP: FT. WALTON BCH, FL 32548

TITLE: TD ☐ Change ☒ Addition  
NAME: MARY L. SHELLEY  
STREET ADDRESS: 120 MICHAEL AVE  
CITY- ST- ZIP: FT. WALTON BCH, FL 32547

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 exemptions contained in Section 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:

*Sid Shelley* SID SHELLEY

25 JAN 2007

850-244-2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #