

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 27, 2006 08:00 AM**  
**Secretary of State**

CK 12 2057  
01/13/06  
Gavett



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SWALES, WILLIAM E  
540 20TH AVENUE  
INDIAN ROCKS BEACH, FL 33785

**DO NOT WRITE  
IN THIS SPACE**

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 William E. Swales DATE 1-18-2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	SWALES, WILLIAM E
STREET ADDRESS	540 20TH AVENUE
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	DCH
NAME	KUBALA, CHRIS A
STREET ADDRESS	P. O. BOX 296 N/A
CITY-ST-ZIP	LARGO, FL 337790296
TITLE	VD
NAME	NICHOLLS, THOMAS
STREET ADDRESS	6051 78TH AVE. N.
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D
NAME	JOHNSON, GARY A
STREET ADDRESS	1650 N ARCTURAS AVENUE
CITY-ST-ZIP	CLEARWATER, FL 33758
TITLE	TD
NAME	COTTRELL, LARRY
STREET ADDRESS	1744 NINTH AVENUE N
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000403698  
02/06/06-80016-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: William E. Swales DATE 1/18/2006 DAYTIME PHONE # 727-595-3629  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR