## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 24, 2005 8:00 am Secretary of State

## 

DOCUI  1. Entity Name OAK PON			02-24-2005 90034 048 ****61.25							
Principal Place 1322 SO, ST/ INVERNESS, I	US									
	lace of Business	3. Mailing Address		$\overline{\mathcal{D}}$						
Suite, Apt.	. <i>5a STARLL K&amp; DR.</i> #, etc.	/ 322 So S777/ Suite, Apt. #, etc.	CLING	SP.	01192005	Chg-NP	CR2E03	37 (10/03)		
City & State  ZNVE	DWESS, FL	City & State  INVELNES	5 FL		4. FEI Number 59-3052	082		<del></del>	plied For t Applicable	
344	50 USA	34450	Country		5. Certificate o		, L.	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent	Name		7. Name and A	A	r Hegistered A	agent )		
ACKERMAN, HAROLD 1322 SO. STARLING DR.				Street Address (P.O. Box Number is Not Acceptable)						
INVERNES	<i>-2.</i>	3 Z Z	? <u>I</u> I I	TAPL	into t	IR.				
				FL Zp Code						
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office o	r registered	agent, or both	, in the State of	Florida. I am i	familiar with,	and accept	
	712 lander	Lie Tie	1 //	ررز کا	i_/20	Jessua	. 21	6//6	<u>=</u>	
SIGNATURE.	Signature, typed or printed name of registered agent.	and title if applicable. (NOTE: R	legistaved Agent signes	use required w	hen reinstæring)		DATE	77-0		
SIGNATURE .	Sonature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor			horrenstaing)  5.00 May Be wided to Fees		Make checi lorida Depar			
SIGNATURE .	Oue by May 1, 2005 OFFICERS AND DIE	Trust Fund Cor		LJ A	5.00 May Be	F	Make checi lorida Depar	tment of St	tate	
10.	OFFICERS AND DIE	Trust Fund Cor	11.	LJ A	5.00 May Be	F	Make checi lorida Depar	tment of St	tate	
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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.