

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90057 034 \*\*\*\*61.25

44003117



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0295416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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

BOZE, JOANNA  
24890 BURNT PLACE, SUITE 6-9  
BONITA SPRINGS, FL 34136

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	KELLY, THOMAS J.
STREET ADDRESS	4051 E. MAIN STREET
CITY-ST-ZIP	ST. CHARLES, IL
TITLE	PD
NAME	MCARDLE, DAVID A
STREET ADDRESS	1600 E MAIN STREET, STE B
CITY-ST-ZIP	ST CHARLES, IL 60174
TITLE	AS
NAME	BOZE, JOANNA
STREET ADDRESS	28450 OLD 41 ROAD, STE. 26
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VD
NAME	DILLON, RONALD
STREET ADDRESS	PO BOX 366879
CITY-ST-ZIP	BONITA SPRINGS, FL 34136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Thomas J. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04  
Date

Daytime Phone #

*SECRETARY*