

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90028 043 ****61.25

DOCUMENT # N45030

1. Entity Name
COUNTY LINE COALITION, INC.



Principal Place of Business

19905 LONG LEAF DR
LUTZ, FL 33548

Mailing Address

19905 LONG LEAF DR
LUTZ, FL 33548 US

0000000000



08302005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3114140

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOWNSEND, GAYE M
19905 LONG LEAF DR
LUTZ, FL 33548

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
THRELKELD, MARY
5800 WINDTREE DRIVE
ZEPHRILLS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
TOWNSEND, GAYE
19905 LONG LEAF DR
LUTZ, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
BUSTILLO, BARRY
P.O. BOX 667
LUTZ, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
SWAILS, PATRICIA
19909 FRENC LANE
LUTZ, FL 33548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
WILLIAMS, JUDITH
1710 DAIQUIRI LANE
LUTZ, FL 33549

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Gaye M. Townsend Gaye M. Townsend (P) 8/30/05 813-949-6398