

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90061 015 ****61.25

60017336



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0278132** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLER, CAROLYN G
1206 ESTREMADREA
BRADENTON, FL 34209

7. Name and Address of New Registered Agent
Name **Gloria A. Saur**
Street Address (P.O. Box Number is Not Acceptable) **410 Cortez Rd W**
City **Bradenton** FL **34210**

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 *Gloria A. Saur* **Gloria A. Saur, Board Treasurer** *2/14/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|-------------------------|--|---|--|--|
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEE, VALERIE | | NAME | | |
| STREET ADDRESS | 5455 TARA BLVD | | STREET ADDRESS | 4740 E State Rd 64 | |
| CITY-ST-ZIP | BRADENTON, FL 34203 | | CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GILLEN, JULIE | | NAME | | |
| STREET ADDRESS | 4014 20TH ST W | | STREET ADDRESS | 6205 Cortez Rd W | |
| CITY-ST-ZIP | BRADENTON, FL 34205 | | CITY-ST-ZIP | 34210 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | KELLER, CAROLYN | | NAME | Mandy Cupp | |
| STREET ADDRESS | 1206 ESTEEMADURA DR | | STREET ADDRESS | 5312 Cortez Rd W | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | | CITY-ST-ZIP | Bradenton, FL 34210 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SAUR, GLORIA | | NAME | | |
| STREET ADDRESS | 410 CORTEZ RD W | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34207 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | KINSEY, BARBARA | | NAME | D Anthony DiMauro | |
| STREET ADDRESS | 4770 STATE ROAD 64 EAST | | STREET ADDRESS | 6968 Professional Pkwy E | |
| CITY-ST-ZIP | BRADENTON, FL 34208 | | CITY-ST-ZIP | Bradenton, FL 34240 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BORGWARDT, MICHAEL | | NAME | Machelle Maner | |
| STREET ADDRESS | 5714 14TH ST W | | STREET ADDRESS | 100 S Ashley Dr, ste 1000 | |
| CITY-ST-ZIP | BRADENTON, FL 34207 | | CITY-ST-ZIP | Tampa, FL 33602 | |

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: *Barbara Kinsey* *1/30/06* *941-746-1000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #