2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 15, 2005 8:00 am Secretary of State

DOCUMENT # N48923 1. Entity Name FLORIDA ADLERIAN SOCIETY, INC.						08-15-2005 90082 006 ****70.00					
Principal Place 607 W HORA TAMPA, FL 3	ПО	Mailing Address 607 W HORATIO STRE TAMPA, FL 33607	7 W HORATIO STREET					5006	1672		
		I. Mailing Address 2111 W. Swann				iraillei aii bii	881 81.18 1811. 19 3 8	LIAL BIBLI BIBLI B			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			071	82005	Chg-NP	CR2E	037 (10/03)		
City & State		City & State		cid a		Number 9-3142	579			oplied For	
Tamp	Country	Zip Zip	Cou	<u>rictal</u> ntry			Status Desired		\$8.75 Add	ot Applicable ditional	
3360	6. Name and Address of Current R	<u>ටට්රටරු</u>	<u> </u>) S			ddress of New		Fee Require	d	
·		egistered Agent		Name		- and and A		riegistered	. Age		
EVANS, TIMOTHY 9122 ROCKROSE DRIVE TAMPA, FL 33647				Street Address (P.O. Box Number is Not Acceptable)							
				City				FI	Zip Cod	le .	
	named entity submits this statement for	the purpose of changing it	ts registere	d office or	registered age	nt, or both,	in the State of			and accept	
the obligati	ons of registered agent.										
SIGNATURE .			_								
	Signature, typed or printed name of registered agent ar	id title if applicable. (NO	TE: Registered	d Agent signatu	re required when rein	stating)		DATE	Car.		
	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Ca Trust Fund	ampaign Fi	inancing	\$5.0	May Be to Fees	FI	Make che	ck payable t		
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I nereby 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

1/05

(813)662-2795 Daytime Phone #