2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48923

FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90119 003 ****61.25

FLORIDA ADLERIAN SOCIETY, INC.												
Principal Place of Business 2111 WEST SWANN SUITE 104 TAMPA, FL 33606 US			2111 W Suite 1	Mailing Address 2111 WEST SWANN SUITE 104 TAMPA, FL 33606 US				50014624				
2. Principal Place of Business 3. (3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04042006	Chg-NP	CR2I	E037 (11/05)	
City & State			City & State				•	L 50 2440570				pplied For ot Applicable
Zip	Country				untry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name ar	nd Address of Current F	Registered	Agent			7	7. Name and	Address of Ne	w Register	d Agent	
					•	Name						
EVANS, TIMOTHY. 9122 ROCKROSE DRIVE TAMPA, FL 33647						Street Addre	ress (P.C	O. Box Numbe	er is Not Accept	table)		
,						City					■ Zip Co	de
		ubmits this statement for	the purpos	e of changing its	register	ed office or reg	gistered	d agent, or bot	h, in the State o	of Florida. 1		, and accept
ine obligat	tions of registere	ed agent.										
SIGNATURE .	Signature, typed or	printed name of registered agent a	and title if applics	ble. (NOT	E: Registere	ed Agent signaturs re	required wh	nen reinstating)		DAT	T.	
										_	-	
	Filing Fee Due by Ma	y 1, 2006		9. Election Cal Trust Fund 6			. \$	55.00 May B	е	Make ch	eck payable partment of \$	
10.	Due by Ma		ECTORS	Trust Fund 6		tion.	\$ A	55.00 May B	e I	Make ch Florida De	eck payable partment of \$	N 10
TITLE	Due by Ma	OFFICERS AND DIR	ECTORS		11.	tion.	\$ A	55.00 May B		Make ch Florida De	eck payable partment of \$	State
TITLE NAME	VD HADDAK, N	y 1, 2006 OFFICERS AND DIR	RECTORS	Trust Fund 6	11.	E IE	\$ A	55.00 May B		Make ch Florida De	ock payable partment of S	N 10
TITLE NAME STREET ADDRESS	VD HADDAK, N 1504 39TH	y 1, 2006 OFFICERS AND DIR ICOLA AVENUE NORTH		Trust Fund 6	11. TITLI NAM STRE	E EET ADDRESS	\$ A	55.00 May B		Make ch Florida De	ock payable partment of S	N 10
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Indepty certify that the information supplied with this filling does not qualify for the event 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 eath; 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 #1062-2795
Date Dayline Phone #