

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90196 019 ****61.25

40024232



02212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3160661

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BETHEA, BILLY
4095 SPRING LAKE DR
CALLAHAN, FL 32011

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEINER, IRA	
STREET ADDRESS	PO BOX DEER RUN DRIVE	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, A. DEXTER	
STREET ADDRESS	55675 YELLOW JACKET DRIVE	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BETHIG, STAN	
STREET ADDRESS	PO BOX 1656	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LANDERVILLE, DEANA	
STREET ADDRESS	55430 DEER RUN RD	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betha Billy	
STREET ADDRESS	5451 Spring Lake Dr	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, DENNIS	
STREET ADDRESS	55214 YELLOW JACKET DR.	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN STONE CIPHER	
STREET ADDRESS	55168 YELLOW JACKET DR	
CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landreville, DEANA	
STREET ADDRESS	55430 Deer Run Rd	
CITY-ST-ZIP	Callahan, FL 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Billy Bethea* (Billy Bethea)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-05 879-1045
Date Daytime Phone #