

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 044 ****61.25

400131



02062006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0431750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNKLEY, HUGH B
642 LINDELL BLVD
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name DEBORAH A. DELVA

Street Address (P.O. Box Number is Not Acceptable)

75 NW 4th AVE

City DELRAY BCH

FL

Zip Code 33444

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 DEBORAH A. DELVA

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

Deborah A. Delva TREASURER

(NOTE: Registered Agent signature required when reinstating)

2/6/06

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

TITLE D ☐ Delete
NAME WILLIAMS, DOUGLAS
STREET ADDRESS 118 NW 8TH AVE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE T ☒ Delete
NAME DUNKLEY, HUGH B
STREET ADDRESS 642 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D ☐ Delete
NAME DAVIS, JANET C
STREET ADDRESS 902 SW 3RD CT
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DELVA, DEBORAH A
STREET ADDRESS 75 NW 4th Ave
CITY-ST-ZIP DELRAY BCH FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Deborah A. Delva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06
Date

561-272-4143
Daytime Phone #