## 2005 NOT-FOR-PROFIT CORPORATION

FILED
Jan 13, 2005 08:00 AM
Secretary of State

	ANNUAL	. REPORT					08:00 A
1. Entity Nan	MENT # N9300000			Secr	retary	of State	
			1115		-		
359 W DEAR	ce of Business RBORN ST D, FL 34223	Mailing Address 359 W DEARBORN ST ENGLEWOOD, FL 34223			I IB(see 7771) Walle Balli Balli Ba		16 B1884 (2012) 21 28 28 28 28 28 28 28 28 28 28 28 28 28
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	O NOT WRITE	IN THIS SPA	CÉ	4. FEI Numbe		CR2E037 (1	Applied For
:: 1.				65-042			Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current	Registered Agent		was a summer of the summer	and a resident of the second	nes to a salar as a	
	, R. EARL EARBORN ST OOD, FL 34223		n massaya		NOT WE	and the second second	e an in the Autological Section (Section Section Secti
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	e named entity submits this statement for	or the purpose of changing its registere	ad office or registe	red agent, or bot	h, in the State of Floric	da. I am famili	ar with, and accept
	tions of registered agent.		- · · ·		h, in the State of Floric		ar with, and accept
the obligat	tions of registered agent.		d Agent signature require	d when reinstating)	1000017	DATE 190 761	<u> </u>
the obligat	Itions of registered agent.  Signature, typed or printed name of registered agent  Filling Fee Is \$61.25  Due by May 1, 2005	and tille if applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.	d Agent signature require	d when reinstating)		DATE 190 761	<u> </u>
the obligated in the street of	Signature, typed or printed name of registered agent  Filling Fee Is \$61.25  Due by May 1, 2005  OFFICERS AND  PD  WARREN, R. EARL 359 W DEARBORN ST	and tille if applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.	d Agent signature require	d when reinstating)	1000017	DATE 190 761	<u> </u>
the obligation of the obligati	Signature, typed or printed name of registered agent  Filling Fee is \$61.25  Due by May 1, 2005  OFFICERS AND  PD  WARREN, R. EARL 359 W DEARBORN ST  ENGLEWOOD, FL 34223  SD  WARREN, SYLVIA E 359 W DEARBORN ST	and tille if applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.	d Agent signature require	d when reinstating)	1000017	DATE 190 761	<u> </u>
TO.  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent  Filling Fee is \$61.25  Due by May 1, 2005  OFFICERS AND  PD  WARREN, R. EARL 359 W DEARBORN ST  ENGLEWOOD, FL 34223  SD  WARREN, SYLVIA E	and tille if applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.	d Agent signature require	d when reinstating)  5.00 May Be ded to Fees	1000017	198 76 1036-017	<u> </u>
TO.  TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent  Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND  PD  WARREN, R. EARL 359 W DEARBORN ST ENGLEWOOD, FL 34223  SD  WARREN, SYLVIA E 359 W DEARBORN ST ENGLEWOOD, FL 34223  D BRADLEY, ALICE 16221 SW 287TH ST	and tille if applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.	d Agent signature require	d when reinstating)  5.00 May Be ded to Fees	U0000017 01/13/05-80	98.76 1036-017	<u> </u>
THE OBLIGATION OF THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent  Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND  PD  WARREN, R. EARL 359 W DEARBORN ST ENGLEWOOD, FL 34223  SD  WARREN, SYLVIA E 359 W DEARBORN ST ENGLEWOOD, FL 34223  D BRADLEY, ALICE 16221 SW 287TH ST	and tille if applicable. (NOTE Registere  9. Election Campaign Finar  Trust Fund Contribution.	d Agent signature require	DO	NOT WI	98.76 1036-017	<u> </u>

12. I hereby certify that the information supplied with this filling 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.

R. Earl Warren
signature and Typed on Printed HAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

01/10/05 941-474-7768

Daytime Phone #