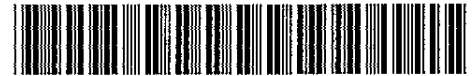


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0448471** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REHER, JOHN
11975 KING JAMES COURT
CAPE CORAL FL 33991

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 _____

FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	TABLER, KENNETH A	
STREET ADDRESS	1211 BROADWATER DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	REHER, JOHN F	
STREET ADDRESS	11975 KING JAMES COURT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEAMAN, NORMA A.	
STREET ADDRESS	1311 MEDINAH DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURK, LUCIAN L	
STREET ADDRESS	10100 CYPRESS COVE DR #242	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILNER, WILLIAM D	
STREET ADDRESS	3010 SE 16TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	T	<input type="checkbox"/> Delete
NAME	WARD, MARTHA J.	
STREET ADDRESS	114 SW 58TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000404129
02/06/06-80034-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Martha J. Ward

1-26-06

239-549-7