

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90183 029 ****61.25

14000022



04062005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0473022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOODRUFF ROSS, MARTHA
1310 LITTLE HARBOUR DR.
VERO BEACH, FL 32963

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 NAME STREET ADDRESS CITY-ST-ZIP | Director LORD, CYNTHIA 4141 16TH ST., BLDG. 6, APT. 10 VERO BEACH, FL 32706 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEFFRIES, KELLY 625 CASA GRANDE DR. MELBOURNE, FL 32940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director PAGANO, KATHERINE 4070 OLD SETTLEMENT RD MERRITT ISLAND, FL 32952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROSS, MARTHA W 1310 LITTLE HARBOUR DR. VERO BEACH, FL 32963 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEISER, KRISTIN 954 WILDWOOD DR. MELBOURNE, FL 32940 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director SUSAN, SELF 13920 97TH ST FELLSMERE, FL 32948 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Merijo McManhan 1805 Corey Rd Malabar FL 32950 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Terry Fink 354 Buckskin St Balm Bzy FL 32909 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Sandy Gillopie 3800 Hilda Rd NW Dalm Bzy FL 32907 |

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: Martina Woodruff Ross Martina Woodruff Ross 4/2/2005 (772) 731-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #