

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 21 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08102006 Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3245405

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

## 6. Name and Address of Current Registered Agent

MELCER, MARY H  
14133 SPOONBILL LANE  
CLEARWATER, FL 33762

## 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

Amended AR is \$61.25

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 PD ☐ Delete  
NAME MELCER, MARY H  
STREET ADDRESS 14133 SPOONBILL LN  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE DS ☐ Delete  
NAME BURCHAM, SUSAN  
STREET ADDRESS 1562 TUSCALOOSA AVE  
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE D ☐ Delete  
NAME HUGHES, GREG  
STREET ADDRESS AUTOMOBILE BLVD, # 4  
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D ☒ Delete  
NAME CHENEY, ANDREA  
STREET ADDRESS 4817 S SUNSET BLVD  
CITY-ST-ZIP TAMPA, FL 33629

TITLE D ☐ Delete  
NAME JOLVELL, KIM  
STREET ADDRESS 692 SAMANTHA DR  
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director (only) ☒ 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

TITLE ☒ Change ☐ Addition  
NAME Jowell, Kim  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS James O. Parker III  
CITY-ST-ZIP 233 174th Ave.  
Redington Shores FL 33708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/06 (727) 459-6033  
Date Daytime Phone #

2008/22