

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90276 042 \*\*\*\*61.25

**DOCUMENT # N94000002967**

1. Entity Name  
FLORIDA JCI SENATORS, INC.



Principal Place of Business  
4670 ANCHOR LANE  
PENSACOLA, FL 32514

Mailing Address  
4670 ANCHOR LANE  
PENSACOLA, FL 32514

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0508833

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SUTHERLAND, STEPHEN E  
4670 ANCHOR LANE  
PENSACOLA, FL 32514

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	<del>WINDHAM</del> , RANDY WINDHAM
STREET ADDRESS	8123 BETTY LOUISE DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	<del>PD</del> PD
NAME	HANCOCK, ALAN
STREET ADDRESS	4361 JEREMY'S LANDING DRIVE, SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	VD
NAME	PERTESIS, LJ
STREET ADDRESS	1086 S. MILITARY TRAIL #103
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<del>PD</del> D
NAME	BRANDEL, MARK
STREET ADDRESS	2525 NW 13 LANE
CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	<del>PD</del> VD
NAME	ELLIOT, KAY
STREET ADDRESS	5018 GREENBROOK LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KAY ELLIOT

8636471117