

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90238 001 \*\*\*131.25

66010230



04052005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-0511775** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LASS, JOHN M  
1700 SE MONTEREY ROAD  
STUART, FL 34996

## 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	P	<input type="checkbox"/> Delete
NAME	LASS, JOHN M	
STREET ADDRESS	1700 MONTEREY RD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	TAYLOR, ANDREW	
STREET ADDRESS	P.O. BOX 12190	
CITY-ST-ZIP	FT. PIERCE, FL 34979	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	MCCANN, JAMES	
STREET ADDRESS	516 SW CAMDEN AVE	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D/V	<input type="checkbox"/> Delete
NAME	PLYMALE, SHERRY	
STREET ADDRESS	2361 SW RIVERSIDE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	SCHRAMM, STEPHEN	
STREET ADDRESS	1000 SE MONTEREY COMMONS BLVD.	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVIGI, BRUCE	
STREET ADDRESS	300 NW PEACOCK BLVD.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	

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

TITLE	Dr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Bedingfield	
STREET ADDRESS	Pastor - Mariner Sands Chapel	
CITY-ST-ZIP	7052 Winged Foot Drive Stuart, FL 34997	
TITLE	Michelle Berger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Councilwoman Dist II Pt St Lucie	
STREET ADDRESS	City Hall Building A	
CITY-ST-ZIP	Port St. Lucie, FL 34984	
TITLE	P.A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry McCarthy	
STREET ADDRESS	3400 SE Federal Hwy, 4th Floor	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	CFO-Indiantown Gas Co.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa Powers	
STREET ADDRESS	P.O. Box 9	
CITY-ST-ZIP	Indiantown FL 34956	
TITLE	Jim McKenzie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12211 River Bend Court	
STREET ADDRESS	Port St Lucie, FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

John M. Lass President/CEO

772284444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #