

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 OCT 27 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3272693

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELARM, JOHN D
400 PICKERLE ST
SATSUMA, FL 32189

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 September 7, 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 PD ☐ Delete
NAME DELARM, JOHN D
STREET ADDRESS 400 PICKERLE AVE
CITY- ST- ZIP SAN MATEO, FL 32187

TITLE VD ☐ Delete
NAME POUPORE, ERNEST
STREET ADDRESS 242 TROPIC AVE
CITY- ST- ZIP SAN MATEO, FL 32187

TITLE T ☐ Delete
NAME BYERS, JAMEY G
STREET ADDRESS 211 LEISURELY AV
CITY- ST- ZIP SATSUMA, FL

TITLE S ☐ Delete
NAME POUPORE, ANNE
STREET ADDRESS 242 TROPIC AVE
CITY- ST- ZIP SAN MATEO, FL 32187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
900060966649
10/27/05--01038--001 **\$61.25

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMEY G. BYERS

Date 4-15-2005 386-328-8675

10/31/05