

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90035 042 ****70.00

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01172006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-0862867** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WORDEN, HAROLD C
100 N LAKE AVE
AVON PARK, FL 33825

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, 2006

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 ☒ Delete
NAME FLOWERS, FRANK SR
STREET ADDRESS 2795 N. BRANDON RD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE ☐ Delete
NAME SD
HENDRICKSON, BRIAN
STREET ADDRESS 70 E. WOLF ST.
CITY-ST-ZIP AVON PARK, FL 33825

TITLE ☐ Delete
NAME TD
WORDEN, HAROLD C
STREET ADDRESS 24 E KENDALL BLVD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE ☐ Delete
NAME VCD
SEVERN, RANDY
STREET ADDRESS 334 S. MARION RD
CITY-ST-ZIP AVON PARK, FL 338257955

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

TITLE ☒ Change ☐ Addition
NAME VCD
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME PCD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SD
Loveless, Al
STREET ADDRESS 804 Pate St
CITY-ST-ZIP Avon Park, FL 33825

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 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:

Harold C. Worden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold C. Worden

1/25/06

Date

863-453-5678

Daytime Phone #