

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

07-31-2006 90002 033 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**50023368**



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0845607

Applied For  
Not Applicable

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

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

LARSEN, BEVERLY  
2080 SE HARLOW ST  
PORT ST LUCIE, FL 34952

**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	PD	<input type="checkbox"/> Delete
NAME	JOHNS-GROSE, LISA	
STREET ADDRESS	8355 ORANGE AVE.	
CITY-ST-ZIP	FT. PIERCE, FL 34945	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	NEWELL, CONNIE	
STREET ADDRESS	2706 TROPICAL AVE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PLANGEMAN, BETTY	
STREET ADDRESS	131 NW BROADVIEW ST	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, BEVERLY	
STREET ADDRESS	2080 SE HARLOW ST	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NORMA TURNER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1112 MARABELLE AVE	
STREET ADDRESS	FORT PIERCE, FL 34982	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	KEVIN McDONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3055 SW CIRCLE ST	
STREET ADDRESS	PORT ST LUCIE FL 34952	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *X Lisa M. Grose*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #