

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90085 005 \*\*\*\*61.25

40099746



06062006 Chg-NP CR2E037 (4/06)

4. FEI Number **59-3347183** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JONES, LEON  
3542 E 3RD ST.  
PANAMA CITY, FL 32401

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 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	V	<input type="checkbox"/> Delete
NAME	LONG, ROSA	
STREET ADDRESS	137 DETROIT AVE.	
CITY-ST-ZIP	SPRINGFIELD, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYAN, DAVID	
STREET ADDRESS	149 DETROIT AVE.	
CITY-ST-ZIP	SPRINGFIELD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYAN, TAYHEEDAH	
STREET ADDRESS	149 DETROIT AVE.	
CITY-ST-ZIP	SPRINGFIELD, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, SAMUEL	
STREET ADDRESS	154 CLAIRE AVE.	
CITY-ST-ZIP	SPRINGFIELD, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, MARY	
STREET ADDRESS	6009 IVY RD.	
CITY-ST-ZIP	CALLAWAY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONE, GRANT	
STREET ADDRESS	124 WABASH AVE.	
CITY-ST-ZIP	SPRINGFIELD, FL	

## 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	<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	
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 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:

*Leon Jones* **LEON JONES**

07-13-2006 850-769-8574

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #