

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 033 ****61.25

40008518



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3533893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MISLEY, LORECE A
LA REAL ESTATE
7523 ALOMA AVE., STE 101
WINTER PARK, FL 32792

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

Lorece A. Misley

1-21-05

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, NICOLE	
STREET ADDRESS	115 BAYTREE COURT	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEPHENS, DAVE	
STREET ADDRESS	109 BAY TREE ST	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THEUNE, TRACIE	
STREET ADDRESS	103 BRIDGEWOOD COURT	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	Tom Sawyer SD	<input type="checkbox"/> Delete
NAME	111 Baytree Ct	
STREET ADDRESS	Winter Springs, FL 32708	
CITY-ST-ZIP		
TITLE	James FitzSimons PD	<input type="checkbox"/> Delete
NAME	100 Bridgewood Ct	
STREET ADDRESS	Winter Springs FL 32708	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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

Lorece A. Misley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 4076792600

Date Daytime Phone #