

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90097 035 ****61.25

20034016



02132005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1517598

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

CLAPP, WILLIAM E
815 TAYLOR RD.
PORT ORANGE, FL 32127

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	CLAPP, WILLIAM E	
STREET ADDRESS	1019 BECKMAN DR.	
CITY-ST-ZIP	S DAYTONA, FL 32119	
TITLE	P	<input type="checkbox"/> Delete
NAME	EASTES, DAVID R REV	
STREET ADDRESS	963 SAND CREST DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	DV	<input type="checkbox"/> Delete
NAME	REGLEY, DAWN	
STREET ADDRESS	4568 WOODCOVE DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLAPP, JUDITH	
STREET ADDRESS	1019 BECKMAN DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVEY, LEE	
STREET ADDRESS	4538 NETLE CREEK COURT	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESSIN, DUFFIRLD JR	
STREET ADDRESS	2271 BRANCHWOOD DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGLEY, DAWN
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESSIN JR., DUFFIELD
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: William E. Clapp *William E. Clapp* 4/11/05 386-255-3286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #