

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90002 011 ****61.25

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01162006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1488783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRILL, MICHAEL
140 COTTONWOOD CIRCLE
LYNN HAVEN, FL 32444

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	PITTMAN, CURTIS	
STREET ADDRESS	1605 ARKANAS AVE.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, BERTHA	
STREET ADDRESS	1002 KIRKLIN AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRILL, MICHAEL	
STREET ADDRESS	2401 STANFORD ROAD APT 1410	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	DYER, EDWARD	
STREET ADDRESS	3320 S HARBOUR CIRCLE	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRILL, MICHAEL	
STREET ADDRESS	140 COTTONWOOD CIRCLE	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
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: Michael Brill / Michael Brill Treasurer 1-22-2006 850-248-9558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #