

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001870

FILED
May 26, 2005
Secretary of State

Entity Name: THE SECOND AMENDMENT COALITION OF FLORIDA INC.

Current Principal Place of Business:

PO BOX 17335
WEST PALM BEACH, FL 334167335 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17335
WEST PALM BEACH, FL 334167335 US

New Mailing Address:

FEI Number: 65-0517676 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOOD, DAVID
809 N. O STREET
LAKE WORTH, FL 334602743 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, DAVID
Address: 809 N. O ST
City-St-Zip: LAKE WORTH, FL 334602743

Title: DV () Delete
Name: RAYMANDO, JOHN
Address: P.O. BOX 540324
City-St-Zip: GREENACRES, FL 334540324

Title: SD () Delete
Name: GORMAN, WILLIAM
Address: 2936 LAKESHORE DR
City-St-Zip: RIVIERA BEACH, FL 334044656

Title: TD () Delete
Name: PEOPLES, WILLIAM
Address: 2356 FAIRWAY DR
City-St-Zip: WEST PALM BEACH, FL 334122411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NORTON, MARALYN
Address: 5341 MOBILAIRE DRIVE
City-St-Zip: WEST PALM BEACH, FL 334174732

Title: DV (X) Change () Addition
Name: MCCLEAN, JAMES
Address: 4176 VICLIFF ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: SD (X) Change () Addition
Name: SUSCO, BARBARA
Address: 7164 ST ANDREWS ROAD
City-St-Zip: RIVIERA BEACH, FL 334044656

Title: TD (X) Change () Addition
Name: GORMAN, WILLIAM P
Address: 2936 LAKESHORE DRIVE
City-St-Zip: RIVIERA BEACH, FL 334044646

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. GORMAN

TD

05/26/2005

Electronic Signature of Signing Officer or Director

Date