## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State DOCUMENT # N95000005273** 03-22-2006 90001 032 \*\*\*\*61.25 VOLÚSIA COUNTY ROMANCE WRITERS, INC. Principal Place of Business Mailing Address 2789 FARGO AVENUE 2789 FARGO AVENUE DELTONA, FL 32738 DELTONA. FL 32738 2. Principal Place of Business 3. Mailing Address 10140 SE 139 Place Suite, Apt. #, etc. 10140 S/E Suite, Apt. #, etc. 139 Place 03072006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Summertield FL Summerfield Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 34491 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Neumann onnie JACKSON, JAN 2789 FARGO AVENUE Street Address (P.O. Box Number is Not Acceptable) DELTONA, FL 32738 10140 SE 139 City Summerfield 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. Connic Neumann President (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to П Trust Fund Contribution. Florida Department of State Due by May 1, 2006 . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ,10. 11. Delete TITLE Change TITLE . carla muelle POLLAK, OLIVE NAME NAME 514 w. minnesota Ave. 8228 WELLSMERE CIR STREET ADDRESS STREET ADDRESS Deland, FL 32720 CITY-ST-ZIP ORLANDO, FL. 32835 CITY-ST-ZIP Addition Delete TITLE **€20** Change TITLE Connic Neumann JACKSON, JAN NAME NAME 10140 SE 139 Place STREET ADDRESS 2789 FARGO AVENUE STREET ADDRESS Summerfield, FL 34491 DELTONA, FL 32738 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition MCDONNOUGH, MARTHA NAME NAME 2597 HARTWELL AVENUE STREET ADDRESS STREET ADDRESS SANFORD, FL 32773 CITY-ST-ZIP CITY-ST-ZIP Addition ΠΠF Detete TITI F Change | Patricia Wentling 2757 Beaver Drive NAME CASINO, KAREN NAME 22 OXFORD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS 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 cath; 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.

**FILED** 

Mar 22, 2006 8:00 am