

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

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 008 ****61.25

60038502



07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3418287

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KITCHENS, TERRI
2405 SE 18 CIRCLE
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DT
NAME SWIGERT, SHERRY
STREET ADDRESS MARION COUNTY COURTHOUSE
CITY-ST-ZIP OCALA, FL

TITLE DVP
NAME KITCHENS, TERRI
STREET ADDRESS 2405 SE 18 CIRCLE
CITY-ST-ZIP OCALA, FL 34471

TITLE SD
NAME CONNELLY, JACKIE
STREET ADDRESS 6020 HENSEL RD
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE DP
NAME HESSLER, RICK
STREET ADDRESS 171 N. ULYSSES DR
CITY-ST-ZIP APOKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

*3615 S. Atlantic Ave #209
Daytona Beach Shores FL 32118*

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: Rick Hessler **RICK HESSLER** 21 Aug 2006 3212316412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #