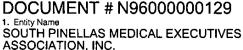
## 2005 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT



Principal Place of Business P.O. BOX 15245

City & State

Zip

SIGNATURE.

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10.

TITLE

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NAME STREET ADDRESS

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CITY-ST-ZIP\*

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CITY-ST-ZIP



ST. PETERSBURG, FL 33733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

## FILED Jan 27, 2005 8:00 am **Secretary of State**

01-27-2005 90045 024 \*\*\*\*61.25

70001011 Mailing Address P.O. BOX 15245 لأعلما والمالة ST. PETERSBURG, FL 33733-5245 US Suite, Apt. #, etc. 01192005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-3347603 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIKOS, CYNTHIA A ESQ. 2078 EAST 4TH AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33605-5216 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, Delete TITLE ☐ Addition RABIDOUX, MARGIE NAME 7201 2ND AVE. S. STREET ADDRESS SAINT PETERSBURG, FL 33707 CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition COLBERT, SHARON 2323 9TH AVE N STREET ADDRESS SAINT PETERSBURG, FL 33712 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition HAVERTY, SUE NAME STREET ADDRESS 12020 SEMINOLE BLVD. LARGO, FL 33778 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition FICO, MARY S 401 MANATEE AVE E #B STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition DRANE, ANNE NAME 12294 INDIAN ROCKS RD STREET ADDRESS LARGO, FL 33774 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MARY S. FICO

☐ Delete

941-748*-22*17

☐ Change

☐ Addition