

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90252 049 ****61.25

60035002



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number **65-0705746** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GRUESEL, JAMIE
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145

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 ☐ Delete
NAME MASON, LYNN
STREET ADDRESS 218 NEWPORT DRIVE #701
CITY-ST-ZIP NAPLES, FL 34114

TITLE TD ☐ Delete
NAME WARREN, RICHARD
STREET ADDRESS 137 W JEFFERSON ST
CITY-ST-ZIP LOUISVILLE, KY 40202

TITLE SD ☐ Delete
NAME BIRONA, JOE
STREET ADDRESS 47 BAY RD
CITY-ST-ZIP EAST HAMPTON, CT 06424

TITLE VPD ☐ Delete
NAME BARTELT, ALAN
STREET ADDRESS 1262 YESEMITE RD
CITY-ST-ZIP OCONOMOWOC, WI 53066

TITLE D ☒ Delete
NAME PEMBERTON, JAMES
STREET ADDRESS 218 NEWPORT DRIVE #703
CITY-ST-ZIP NAPLES, FL 34114

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **McPherson, Gary**
STREET ADDRESS **4544 W. Jurist St.**
CITY-ST-ZIP **Trafalgar, IN 46181**

TITLE ☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

239-642-9144
Daytime Phone #