

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90088 030 \*\*\*\*70.00

**20015245**



03062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3411499

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WRIGHT, LAURA B  
110 PERRY AVE.  
FT WALTON BCH, FL 32548

## 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 re-registering)

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 DP ☐ Delete  
NAME PEARCE, BEN  
STREET ADDRESS 551 MOONEY RD  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE DS ☐ Delete  
NAME WRIGHT, LAURA  
STREET ADDRESS 110 PERRY AVE  
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE D ☐ Delete  
NAME SUNNARBORG, PATTY  
STREET ADDRESS 1170 MARTIN LUTER KING JR BLVD. BLDG. 7  
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE DVP ☐ Delete  
NAME WILCOX, CYNTHIA A  
STREET ADDRESS 110 PERRY AVE  
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE D ☐ Delete  
NAME ROBER, COLE  
STREET ADDRESS 200 WILLING ST  
CITY-ST-ZIP MILTON, FL 32570

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 D Kim Belling  
STREET ADDRESS Same address

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

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

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

Date

Daytime Phone #