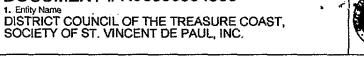
2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N96000004300



DO NOT WRITE IN THIS SPACE

FILED -Apr 01, 2005 08:00 AM Secretary of State



Mailing Address

697 SW BILTMORE ST.

PORT SAINT LUCIE, FL 34983-1854 US

- 697 SW BILTMORE ST. PORT SAINT LUCIE, FL 34983-1854 US



03022005 No Chg-NP

CR2E037 (10/03)

| 4. FEI Number | Applied For | |
|----------------------------------|-----------------------------------|--|
| 59-3398288 | Not Applicable | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

| 1962 SW (| i, ROSEMARY CAPEADOR ST. NT LUCIE, FL 34953 | | NOT WRITE 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_ | Signature, typed of printed name of registered agent and title if applicable. (NOTE. F | Registered Agent eignature required when reinstaling) | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Trust Fund Contrib | | 1100000284096 04/01/05-80053-002 61.25 | | |
| 10. | OFFICERS AND DIRECTORS | And the selection of th | Committee Commit | | |
| HITLE NAME STREET ADDRESS CITY-ST-ZIP | PT ROBERTS, ROSEMARY 1962 SW CAPEADOR ST. PORT SAINT LUCIE, FL 34953 | The second secon | The state of the s | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOLZ, RITA 8288 SPICE BUSH ROD PORT SAINT LUCIE, FL 34952 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PALUMBO, JOHN L 6804 SHELLEY TERRACE PORT ST LUCIE, FL 34952 | | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP FENSSEY, JOHN 2537 SE ABATE ST. PORT SAINT LUCIE, FL 34953 | IN | THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VPT ASKLAND, FRAN 1063 SW MCCEE AVE. PORT SAINT LUCIE, FL 34953 | The second secon | entry the second of the second | | |
| TITLE NAME STREET ADDRESS EITY-ST-ZIP 12. I hereby c | ertify that the information supplied with this filling does not qualify for the | re exemption stailed in Section 119.07(3) | (i), Florida Statutes. I turther certify that the information | | |

of the corporation or the reaching table and that my signature shall have the same legal effect as it made thicker own, that i and all official or director afte this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURES