

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90175 037 \*\*\*\*61.25

40025264



01282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0733513

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROMEO, ELENA  
217 CYPRESS LANE  
PALM SPRINGS, FL 33461-1698

## 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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	BECAL, THALIA	
STREET ADDRESS	4717 RAINBOW DR	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BANNING, JEANETTE	
STREET ADDRESS	345 HENTHORNE DR	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMEO, ELENA	
STREET ADDRESS	217 CYPRESS LANE	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREHM, FRED A	
STREET ADDRESS	333 EMERSON CIR.	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTER, KOCH	
STREET ADDRESS	224 SPRINGDALE CIRCLE	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DEVOR, JERRY	
STREET ADDRESS	217 CYPRESS LANE	
CITY-ST-ZIP	PALM SPRINGS, FL 33461	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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]*

*Jerry Devor*

2/9/05 (561) 965-2204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #