

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90032 037 ****61.25

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01122006 Chg-NP CR2E037 (11/05)

4. FEI Number **31-1488783** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, JAMES H
3345 N. HAVERHILL ROAD
WEST PALM BEACH, FL 33417

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **RUSSELL, JAMES H**
STREET ADDRESS **107 LYMAN PLACE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

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

TITLE **DS** ☒ Delete
NAME **MCFADDEN, JAMES R JR**
STREET ADDRESS **2123 PINEHURST DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☒ Addition
NAME **MOSS, CEDRIC**
STREET ADDRESS **5066 PRAIRIE DUNES VILLAGE DR**
CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **DT** ☐ Delete
NAME **STARR, ROLAND**
STREET ADDRESS **124 S SEQUOIA DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

James H. Russell - James H. Russell 1-15-06 561-242-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #