

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90124 029 ****61.25

20034372



04072006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3548236** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOREHAND, MARIE
6640 103RD ST.
JACKSONVILLE, FL 32210

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

Marie Forehand

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	P	<input type="checkbox"/> Delete
NAME	MAXIE, DON	
STREET ADDRESS	5359 BEATLE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	COBB, MICHAEL	
STREET ADDRESS	5385 JESSE TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, TIFFANY	
STREET ADDRESS	8070 JESSE TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	KOHL, ELLEN	
STREET ADDRESS	8107 JESSE TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRITZ, JENNIFER	
STREET ADDRESS	8096 BEATLE BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISENMENGER, MARINA	
STREET ADDRESS	5332 LACY JANE WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Therrell	
STREET ADDRESS	5386 Lacy Jane Way	
CITY-ST-ZIP	JAP. FL. 32244	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Ruiz	
STREET ADDRESS	5376 Tessa Terrace	
CITY-ST-ZIP	JN. FL. 32244	
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 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:

Don M. Maxie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2006

Date

(904) 281-3441

Daytime Phone #