

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90009 003 \*\*\*\*61.25

60014624



02052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3470700

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MONSOUR, JOHN V  
2604 WEST AZEELE STREET  
TAMPA, FL 33609

## 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BORTWICK, ANGELA	
STREET ADDRESS	1770 S. HABONA AVE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BORTHWICK, ANGELA	
STREET ADDRESS	1770 S. HABONA AVE.	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ROBERTA	
STREET ADDRESS	3820 AZEELE ST #102	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MONSOUR, DR J V	
STREET ADDRESS	2604 AZEELE ST	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, JIM	
STREET ADDRESS	4907 EBENSBURG DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRIOR, LAURA	
STREET ADDRESS	2907 VILLA ROSA PARK	
CITY-ST-ZIP	TAMPA, FL 33611	

## 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 checked="" type="checkbox"/> Addition
NAME	SD GARY CARTWRIGHT
STREET ADDRESS	2202 WILDWOOD HOLIDAY ROAD
CITY-ST-ZIP	VALRICO, FLA. 33594
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JACKIE GARDNER
STREET ADDRESS	5001 PILGRIM'S PATHWAY UNIT H
CITY-ST-ZIP	TAMPA, FLA. 33611
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T WILLIAM H. HANCOCK
STREET ADDRESS	7050 SUNSET DRIVE S #803
CITY-ST-ZIP	SOUTH PASADENA, FLA. 33707
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: John V. Monsour JOHN V. MONSOUR 2-5-06 813 872-7186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #