

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90055 005 \*\*\*\*61.25

40020396



02172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3447945

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SALTER, JAMES D ESQ.  
3940 NW 16TH BLVD., BLDG B  
GAINESVILLE, FL 32605-3502

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOLDER, VIRGINIA	
STREET ADDRESS	731 NW 15TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, JOHN	
STREET ADDRESS	2720 S.W. 7TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, ROBERT	
STREET ADDRESS	620 N.W. 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHTIE, NATH	
STREET ADDRESS	201 E. UNIVERSITY AVENUE, ROOM 304	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, COURTLAND	
STREET ADDRESS	830 N.W. 22ND TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIA ROLFE	
STREET ADDRESS	1618 NW 19TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
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)(i), 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: Robert F. Watson ROBERT F. WATSON 2/17/05 352-378-1331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #