

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90201 026 ****61.25

14005123



02182005 Chg-NP CR2E037 (10/03)

4. FEI Number
75-3083486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FURLOW, REBECCA
% LELAND MANAGEMENT
1633 E. VINE ST., STE 110
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name: Leland Management
Street Address (P.O. Box Number is Not Acceptable): 8009 S. Orange Ave.
City: Orlando, FL
Zip Code: 32809-6711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
RTD	BOLLINGER, POLLY	13745 RICHMOND PK DR N #102	JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/>
VPB	WORKMAN, DAN	13715 RICHMOND PK DR N #104	JACKSONVILLE, FL 32224	<input type="checkbox"/>
SD	LINDSAY, DIANA	13745 RICHMOND PK DR N #108	JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Dan Workman	13715 Richmond Park Dr. N. #104	Jacksonville FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Bill Delaney	13715 Richmond Park Dr. N. #102	Jacksonville FL 32224	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Diana Lindsay	13715 Richmond Park Dr. N. #108	Jacksonville FL 32224	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #