


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90065 007 \*\*\*\*61.25

|   |                                      |   |   |  |  |
|---|--------------------------------------|---|---|--|--|
| <b>DOCUMENT # N97000005956</b><br>1. Entity Name<br><b>FLORIDA DUST-OFF ASSOCIATION, INC.</b>   |                                      |   |   |   |  |
| Principal Place of Business<br><b>2304 WOODLAND DR</b><br><b>EDGEWATER, FL 32141 US</b>   |                                      |   | Mailing Address<br><b>2304 WOODLAND DR</b><br><b>EDGEWATER, FL 32141 US</b> |  |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                                      | City & State  |   |  |  |
| Zip   | Country                              | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                                      |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>VOISEY-NEITZEL, ROBERTA A</b><br><b>2304 WOODLAND DR</b><br><b>EDGEWATER, FL 32141</b>   |                                      |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>   |                                      |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
|   |                                      | Make check payable to<br><b>Florida Department of State</b>                         |   |  |  |
| 10. OFFICERS AND DIRECTORS  |                                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |  |  |
| TITLE   | PM                                   | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | <b>NEITZEL, ROBERT (BOB)</b>         |   | NAME  | <b>VOISEY-NEITZEL, ROBERTA</b>   |  |
| STREET ADDRESS  | <b>2304 WOODLAND DR</b>              |   | STREET ADDRESS  | <b>2304 Woodland Dr</b>  |  |
| CITY-ST-ZIP   | <b>EDGEWATER, FL 32141</b>           |   | CITY-ST-ZIP   | <b>Edgewater FL 32141</b>  |  |
| TITLE   | V                                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME  | <b>KIRKLEY, JIM</b>                  |   | NAME  | <b>Williams, LEO</b>   |  |
| STREET ADDRESS  | <b>1049 BEACON ST NW</b>             |   | STREET ADDRESS  | <b>702 44th ST SW</b>  |  |
| CITY-ST-ZIP   | <b>PALM BAY, FL 32907</b>            |   | CITY-ST-ZIP   | <b>Bradenton FL 34209</b>  |  |
| TITLE   | TD                                   | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>VOISEY-NEITZEL, ROBERTA</b>       |   | NAME  |  |  |
| STREET ADDRESS  | <b>2304 WOODLAND DR</b>              |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>EDGEWATER, FL 32141</b>           |   | CITY-ST-ZIP   |  |  |
| TITLE   | S                                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>KIRKLEY, LINDA</b>                |   | NAME  |  |  |
| STREET ADDRESS  | <b>1049 BEACON ST NW</b>             |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>PALM BAY, FL 32907</b>            |   | CITY-ST-ZIP   |  |  |
| TITLE   | D                                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>CALDWELL, DONALD G (HOSS)</b>     |   | NAME  |  |  |
| STREET ADDRESS  | <b>3760 UNIVERSITY BLVD S, #1081</b> |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>JACKSONVILLE, FL 32216</b>        |   | CITY-ST-ZIP   |  |  |
| TITLE   | D                                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>COMBS, JOHN</b>                   |   | NAME  |  |  |
| STREET ADDRESS  | <b>24016 E BOBCAT BLVD</b>           |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | <b>ASTOR, FL 32102</b>               |   | 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. |                                      |   |   |  |  |
| <b>SIGNATURE:</b> <i>Roberta A. Neitzel</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                      |   | Date: <b>4/11/05</b> Daytime Phone #: <b>386-424-1989</b>                   |  |  |