2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2006
Secretary of State

DOCUMENT# N97000007198

Entity Name: NORTH FLORIDA SLIDERS, INC.

Current Principal Place of Business:

RT.10 BOX 650
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P O BOX 1634
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3446403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, SANDY E
RT.10 BOX 650
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: TYRE, DOROTHY
Address: 150 NW ALACHUA AVE., POBOX 1634
City-St-Zip: LAKE CITY, FL 32056

Title: D ( ) Delete
Name: WEST, JOHN
Address: 924 N.W. 35TH AVE.
City-St-Zip: GAINESVILLE, FL 32609

Title: SD ( ) Delete
Name: KENT, THOMAS
Address: 6015 N.W. 83RD TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: PD ( ) Delete
Name: PHILLIPS, SANDY
Address: RT 10 BOX 650
City-St-Zip: LAKE CITY, FL 32025

Title: VP ( ) Delete
Name: MASTERS, VERNON
Address: RT 11 BOX 790
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY H TYRE TD 02/26/2006

Electronic Signature of Signing Officer or Director — Date