


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90023 047 \*\*\*\*61.25

<b>DOCUMENT # N98000004966</b>			
1. Entity Name <b>GEORGE E. MILLER COUNCIL NO. 695 - U.C.T., INC.</b>			
Principal Place of Business <b>4423 LAKE AVE WEST PALM BEACH FL 33405</b>		Mailing Address <b>4423 LAKE AVE WEST PALM BEACH FL 33405</b>	
2. Principal Place of Business <b>4423 LAKE AVE</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH</b>		City & State	
Zip <b>33405</b>	Country <b>PALM BEACH</b>	Zip	Country
4. FEI Number <b>59-6137445</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FARISH, JOS. D. FARISH, FARISH &amp; ROMANI 361 BANYAN BLVD WEST PALM BEACH FL 33402</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <b>Ray Marksherry Jr</b>		DATE <b>JAN 25, 2006</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	



1st MOORE CR2E037 (10/05)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHAHER, LAWRENCE		NAME				
STREET ADDRESS	6308 GRANT ST.		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33024		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DREYER, GEORGE		NAME				
STREET ADDRESS	8330 NW 11TH ST		STREET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARKSBERRY, RAY		NAME				
STREET ADDRESS	4423 LAKE AVE		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33405		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Ray Marksherry Jr Secretary Jan 25, 2006 561-832-8949