

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90275 011 ****61.25

14010370



03222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3577527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ETHERIDGE, KEVIN R
3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLDON, DICK	
STREET ADDRESS	6885 KAPOK DR	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, WAYNE	
STREET ADDRESS	6884 KAPOK DR	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PLANT, MARTHA C	
STREET ADDRESS	6888 KAPOK DR	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, FRAN	
STREET ADDRESS	6884 KAPOK DR	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley Gornillion	
STREET ADDRESS	6872 KAPOK DR.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maggie Boyle	
STREET ADDRESS	6875 KAPOK DR.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Plant	
STREET ADDRESS	6888 KAPOK DR.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Page	
STREET ADDRESS	6843 KAPOK DRIVE	
CITY-ST-ZIP	MILTON, FL 32583	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/05 850 434-3585