NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT (AR)

N 98000005958 MESSENGER OF THE GREAT KA APPRUZE AND FILED

06 SEP -7 PH 2: 21

SECRETARY OF STATE

1	TALLAHASSEF, FLORIDA
DO NOT WRITE IN THIS SPA	ACE
2. Principal Place of Business 105 SW NAMOIT PLACE 1105 SW Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.	NAMOIT REINSTATEMENT 03-06
PCity & State PORT-ST LUCIE FL PORT ST- Zip Zip Supst State St- Zip Supst Sups	Country Cou
DO NOT WRITE	7. Name and Address of Current Registered Agent Name NARIE ROLERVIEW FOR Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	POS SW NAMOIT PLACE PORT ST-LUCIE FL City FL Zip. Code 952
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 MARIE R GUERNIER - M. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	E GER PRESIDENT 08/25/06 gistered Agent signature required when reinstating) DATE
FEE IS \$61.25 Initial or Amended AR 9. Election Campain Trust Fund Contra	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP HOS SW, NAMOIT PLACE	TITLE NAME STREET-CODRESS CITY-ST-ZIP 09/12/0601031011 **245.00
NAME LUFELLEGED	TITLE
STREET ADDRESS LOS 5W NAMOIT PLACE	NAME STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALFL 33068	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
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12. I hereby certify that the information supplied with this filling 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 tree 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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

I sha not receive the annual report form for year 2003, This is the reason we did not file a report for this year and therefter. Please wave \$175 fee penality thank for . God Her Rose June lefter