

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90353 001 \*\*\*\*30.62  
03-09-2006 90353 002 \*\*\*\*30.63

66004436



02232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0875790</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHEPARD, KENTON A CPA  
205 N. WOODLAND BLVD.  
DELAND, FL 32725

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BLAIR, WILLIAM 38 ALPINE ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REZNICK, SYLVIA 1560 HEWLETT HEATH RD HEWLETT, NY 11557
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEIBUSCH-NOE, CAROL 9142 OLD COUNTRY RD GROTTUES, VA 24441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEPARD, SUSAN 938 FEATHER DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POOLE, ELIZABETH T 240 SHERMANTOWN RD SAUNDERSTOWN, RI 02374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Susan Shephard, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **2/22/06** **407-230-9086**  
Date Daytime Phone #