

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90014 001 ****30.63
07-19-2006 90014 002 ****30.62

66021957



05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0295778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOLLING, CARL
60 4TH STREET, N.W.
WINTER HAVEN, FL 33881

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KOLLING, CARL
STREET ADDRESS	60 4TH STREET, N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	SD
NAME	NIKDEL, CHRISTINE E
STREET ADDRESS	62 4TH ST. NW
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	KOLLING, MARY H
STREET ADDRESS	60 4TH STREET, N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	NIKDEL, SEIFOLLAH
STREET ADDRESS	62 4TH ST., N.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Christine E. Nikdel Christine E. Nikdel 863-299-9980 7/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #