

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90051 034 ****61.25



02262004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0951676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRAMMELL, JEAN
418 GULF STREET
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name Cathy Linder
Street Address (P.O. Box Number is Not Acceptable)
Box 602 W 225 W Miami Ave #4
City Venice FL Zip Code 34285

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, 2004**

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	VP	<input type="checkbox"/> Delete
NAME	EDWARDS, LESLIE	
STREET ADDRESS	1235 HIGHLAND AVE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAISER, BONNIE	
STREET ADDRESS	1345 PINEBROOK WAY	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HILLSTROM, ELLEN	
STREET ADDRESS	830 INDUS ROAD	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, BARBARA	
STREET ADDRESS	530 LYONS BAY RD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ERIKA	
STREET ADDRESS	525 WATERWOOD LANE	
CITY-ST-ZIP	VENICE, FL 342934193	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOTEE, DIANE	
STREET ADDRESS	104 CAPRI ISLES BLVD #201	
CITY-ST-ZIP	VENICE, FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" 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		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cathy Linder	
STREET ADDRESS	255 Bradenton Rd	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Masley	
STREET ADDRESS	608 Valencia Rd	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Hall	
STREET ADDRESS	489 Summerfield Way	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	President	<input checked="" 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 #

2-26-04 941-484-6722