


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90026 036 ****61.25

DOCUMENT # N99000001880 1. Entity Name FLORIDA QUALITY COUNCIL, INC.					
Principal Place of Business 2810 SOUTH US 1 FORT PIERCE, FL 34982			Mailing Address C/O NC RIDGELY PO BOX 651068 VERO BEACH, FL 32965		
2. Principal Place of Business 660 U.S. HIGHWAY 1 Suite, Apt. #, etc.		3. Mailing Address <i>C/O JAKE COST</i> 660 US HIGHWAY 1 Suite, Apt. #, etc.			
City & State NORTH PALM BEACH, FL		City & State NORTH PALM BEACH, FL		4. FEI Number 65-0912144	
Zip 33408		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETTE, NANCY A 6545 CORPORATE CENTER BLVD. ORLANDO, FL 32822			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCHUGH, MARTIN E 10151 DEERWOOD PARK BLVD JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAILY, SUSAN S 10401 DEERWOOD PARK BLVD. JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARROW, JEWEL E 9860 4TH ST., N. STE 307 SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete RIDGELY, NORMAN G 2810 S. US HWY 1 FORT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BROWN, DEBRAS. 1618 Highpoint Rd Snellville, GA 30078	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREENSBURG, JOEL 767 S. SR 7, STE 21 MARGATE, FL 33068		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HATFIELD, PEGGY 7215 FINANCIAL WAY JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COST, MARJORIE J. 13126 Coastal Cir Palm Beach Gardens, FL 33410	
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: <i>Marjorie J. Cost</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-1-05 772-201-5480 Date Daytime Phone #		