2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # N99000002272 1. Entity Name 04-17-2006 90345 033 ****61.25 VOGUE XIII, INCORPORATED Principal Place of Business Mailing Address P.O. BOX 1221 712 SOUTH 12TH STREET PERRY FL 32347 PERRY FL 32348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1979748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, SHIRLEY G 712 SOUTH 12TH STREET Street Address (P.O. Box Number is Not Acceptable) PERRY FL 32347 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 Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ICE WATKINS ST. Delete TIFLE $\mathcal{L} \, \mathcal{D}$ TITLE XX Change ☐ Addition GANT, LILLIAN NAME NAME 1602 SOUTH ROBERTSON STREET STREET ADDRESS STREET ADDRESS 32 3*48* PERRY FL 32347 CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TITLE Change Addition NESBITT, LINDA NAME NAME 132 NANCY ST STREET ADDRESS STREET ADDRESS PERRY FL 32347 CITY-ST-7IP CITY-ST-7IP RSD TITLE ☐ Delete TITLE ☐ Change Addition NAME ROBINSON, RHONDA C NAME STREET ADDRESS 707 SOUTH 12TH STREET STREET ADDRESS PERRY FL 32347 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME GRAY, DEBRA NAME STREET ADDRESS 117 BEVERLY ST STREET ADDRESS PERRY FL 32347 CITY - ST - ZIP CITY-ST-ZIP TITLE **⊠** Delete TITLE ☐ Change ☐ Addition SIMMONS, BONNIE NAME NAME 1020 E MAIN ST STREET ADDRESS STREET ADDRESS PERRY FL 32347 CHTY-ST-ZIP CITY-ST-ZIP TITLE $\sqrt{\mathcal{D}}$ CD TITLE Delete Change Change ☐ Addition Lueva Demps, St 213 W. Walnut St Derry FL 32348 DEMPS, LUEVA NAME STREET ADDRESS 213 W. WALNUT ST STREET ADDRESS PERRY FL 32347 CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.