

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90293 026 \*\*\*\*61.25

60043340



03282006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3586109** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

APPLETON, BILLY G  
4699 CONTINENTAL DRIVE  
LOT #523  
HOLIDAY, FL 34690

## 7. Name and Address of New Registered Agent

Name **Richard H. Jacobs**  
Street Address (P.O. Box Number is Not Acceptable)  
**4699 Continental Drive**  
**Lot #86**  
City **Holiday** FL Zip Code **34690**

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

*Richard H. Jacobs*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-06**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P	HIEKE, GUENTER	3330 CHERRY HILL CT. TARPON SPRINGS, FL 34689	<input type="checkbox"/>
	VP	RAY, ED	1443 WINDING WILLOW DR TRINITY, FL 34655	<input checked="" type="checkbox"/>
	T	DAVIS, JOHN	2510 LKAE HAVEN DR NEW PORT RICHEY, FL 34655	<input type="checkbox"/>
	S	JACOBS, DICK	4699 CONTINENTAL DR. LOT 86 HOLIDAY, FL 34690	<input type="checkbox"/>
	D	TREBUS, MARTIN	4699 CONTINENTAL DR., LOT 360 HOLIDAY, FL 34690	<input type="checkbox"/>
	D	MORENA, BOB	7827 BECKET STREET NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	ELLIOTT, HOWARD	4699 Continental Dr. Lot 247 Holiday, FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D	STEINER, CHARLES	4699 Continental Dr. Lot 480 Holiday, FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D	MCLEOD, KEN	4699 Continental Dr Lot 72 Holiday, FL 34690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

*John F. Davis* John F. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/06 (727) 834-8820**

Date Daytime Phone #