2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90096 022 ****61.25

DOCUMENT # N99000004966

1. Entity Name
N.Y.C.T.R.O.F. INC.

Principal Place of Business	Mailing Address
4415 GONDOLIER RD PRIVATE SPRING HILL, FL 34609-1813	21748 EDGEWATER DR PRIVATE PORT CHARLOTTE, FL 33952

2. Principal Place of Business	3. Mailing Address
2004 MOORE AVE.	2004 MOORE AVE.
Suite, Apt. #, etc. PRIVATE	Suite, Apt. #, etc. PRIVATE
City & State ALVA, FL.	City & State ALVA, FL.
Zip 33920-1606 Country	Zip 33920-1606 Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3664129 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, ROBERT R 4415 GONDOLIER ROAD SPRING HILL, FL 34609	Name OWENS, CYNTHIA Street Address (P.O. Box Number is Not Acceptable) 2004 MOORE AVE. City ALVA FL Zip Code 33920-1606

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 Cynthia Owens 4/4/05
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, 2005 | 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUNN, FRANK M JR 2174 8 EDGEWATER DR PORT CHARLOTTE, FL 33952	☒ Delete	PD STUCKEY, LAVERNE S. 645 MARION OAKS BLVD. OCALA, FL. 34473-3315	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD EARELSTON, EDNA 2823 HOFFMAN DR ORLANDO, FL 328377448	☒ Delete	EVPD PINTO, EDMOND JR. 1 ERIC PLACE PALM COAST, FL. 32164-6306	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP FASANO, CARL SR 700 LAGO RD DELRAY BEACH, FL 334454559	☒ Delete	1VP FASANO, CARL 1145 CARRY GLEN CIRCLE ORLANDO, FL. 32824	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARCSCA, VIRGINIA 17 BUXTON LANE BOYNTON BEACH, FL 33426	☒ Delete	S MARESCA, VIRGINIA 847 NORTH DRIVE UNIT B DELRAY BEACH, FL. 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ADAMS, ROBERT 4415 GONDOLIER ROAD SPRING HILL, FL 346081813	☒ Delete	T OWENS, CYNTHIA 2004 MOORE AVE. ALVA, FL. 33920-1606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CBD SCHMIERER, GEORGE 5178 CORTEZ COURT DELRAY BEACH, FL 33484	☒ Delete	CBD HARLESTON, EDNA 2823 HOFFMAN DR. ORLANDO, FL. 32837-7448	☒ Change ☐ Addition

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: Cynthia Owens 4/4/05 239-368-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #