## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N99000005475**



Jan 19, 2006 8:00 am Secretary of State 01-19-2006 90075 003 \*\*\*\*61.25

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297 HALLCREST TERRACE POS		illing Address OST OFFICE BOX 512729 UNTA GORDA, FL 33951				, april	RI MIB IRGIS (SI)	1 <b>18</b> 111 <b>88</b> 10 <b>88</b> 10	1111 <b>86</b> 112 <b>88</b> 1111	<b>-</b>	1 Berei Br 1 1 Br		
2. Principal Place of Business 3. Ma			failing Address										
Suite, Apt. #, etc. S		Suite, Apt. #, etc.				0116200	6 Chg-	NP	CR2E	37 (11/05	i)		
City & State		Cit	City & State				4. FEI Number Applied For NOT APPLICABLE Not Applicable					Applied For Not Applicable	
Zip	Zip Country 2		Ziç			ntry	5. Certificate of Status			s Desired		\$8.75 / Fee Requ	
6. Name and Address of Current Register			t Registere	d Agent				7. Name a	and Addres	s of New I	Registered	Agent	
1177 S.E.	JEFFREY S	NUE				Name Street A	Address (I	P.O. Box Nu	mber is Not	Acceptabl	le)		
FORTLAL	JUERDALE	E, FL 33316						•					
	मन्द्र १स				City					FI	Zip C		
8. The above the obligat	e named entity tions of registe	submits this statement lered agent.	for the purp	ose of changing its	registere	d office o	r register	red agent, or	both, in the	State of Fi	lorida. I an	familiar wi	th, and accept
SIGNATURE .													······································
	Signature, typed o	or printed name of registered ager	nt and title if app	Hicable. (NOT)	E. Registered	Agent signat	paka tadniyaq	when reinstating	)		DATE		
	Filing Fee	or printed name of registered ages b Is \$61.25 lay 1, 2006	nt and tible if app	9. Election Car Trust Fund C	mpaign Fi	nancing	Dare required	\$5.00 Ma Added to Fe	ay Be		Make ched	k payable	
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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:

B. LL FOSTER

ND TIPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR