

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90031 022 \*\*\*\*70.00

**44003679**



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3531305 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHICK, T W  
5398 LILLIAN HWY #35  
PENSACOLA, FL 32506

## 7. Name and Address of New Registered Agent

Name **SAME**

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 *T. W. Shick*

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

(NOTE: Registered Agent signature required when reconstituting)

**1-15-04**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 **P** ☐ Delete  
NAME **SHICK, T W**  
STREET ADDRESS **5398 LILLIAN HWY #35**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **D** ☒ Delete  
NAME **MARTIN, MEL**  
STREET ADDRESS **6450 BIRKHEAD DR**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **VP** ☒ Delete  
NAME **DORAN, TERRY**  
STREET ADDRESS **611 EDGECLIFF DR**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **T Nelloms** ☐ Delete  
NAME **NELLAMS, PAULA**  
STREET ADDRESS **28 LINDA STREET**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **D** ☒ Delete  
NAME **SHELBY, BILL**  
STREET ADDRESS **19 LINDA ST**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **S** ☐ Delete  
NAME **MELVIN, SHIRLEY**  
STREET ADDRESS **601 FRANCES DRIVE**  
CITY-ST-ZIP **PENSACOLA, FL 32506**

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

TITLE **Chris Abramowitz** ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **12 Colby Lane**  
CITY-ST-ZIP **Pensacola FL 32506**

TITLE **Bud Rogers** ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **610 N. 79th Ave.**  
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **John Melvin** ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **601 Frances Drive**  
CITY-ST-ZIP **Pensacola FL 32506**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *T. W. Shick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**T. W. Shick**

**1-15-04**

Date

Daytime Phone #