

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90101 026 ****61.25

60037875



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0981992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

D'URSO, LARRY J JR.
9115 58TH DR. EAST, STE. B
BRADENTON, FL 34202

7. Name and Address of New Registered Agent

Name
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 _____
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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	LECKEY, PHILLIP D	
STREET ADDRESS	9115 58TH DR. EAST, STE. B	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, LINDA K	
STREET ADDRESS	9115 58TH DR. EAST, STE. B	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SANDC, AMY	
STREET ADDRESS	9115 58TH DR E STE A	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Slaw, Adam	
STREET ADDRESS	13609 18th Pl. E	
CITY-ST-ZIP	Bradenton, FL 34212	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Chadbourne	
STREET ADDRESS	13601 18th Pl. E	
CITY-ST-ZIP	Bradenton, FL 34212	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valerie Cooper-Miller	
STREET ADDRESS	13804 18th Place E	
CITY-ST-ZIP	Bradenton, FL 34212	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	West, Brian	
STREET ADDRESS	13825 18th Pl. E	
CITY-ST-ZIP	Bradenton, FL 34212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: C. Adam Slaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06
Date

Daytime Phone #