

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 023 ****70.00

60038531



08302006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3406897

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER TWEED, DAVID
8158 BRINEGAR CIRCLE
TAMPA, FL 33647

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]* DAVID GARDNER TWEED 8-31-06
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 September 6, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER TWEED, DAVID	
STREET ADDRESS	8158 BRINEGAR CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GELALIA, JOSEPH T	
STREET ADDRESS	9539 NORCHESTER CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, SEAN	
STREET ADDRESS	10025 CYPRESS SHADOW AVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUTLER, MAURINE	
STREET ADDRESS	28732 TANNER DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS MILLER	
STREET ADDRESS	665 MELISSA RD	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOANNA KOZLOWSKI	
STREET ADDRESS	18941 DUNELLES DR.	
CITY-ST-ZIP	TAMPA, FL 33647	
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: *[Signature]* David Gardner Tweed 8-31-06 813-866-3200
Signature and typed or printed name of signing officer or director Date Daytime Phone #