


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90081 013 \*\*\*\*70.00

<b>DOCUMENT # N99000007450</b>			
1. Entity Name <b>SOUTHEASTERN REGIONAL RELOCATION COUNCIL, INC.</b>			
Principal Place of Business <b>PO BOX 470774 CELEBRATION, FL 34747</b>		Mailing Address <b>PO BOX 470774 CELEBRATION, FL 34747</b>	
2. Principal Place of Business <b>8131 Vineland Ave Suite, Apt. #, etc. PMB 312 City &amp; State Orlando FL Zip 32821-6847</b>		3. Mailing Address <b>8131 Vineland Ave Suite, Apt. #, etc. PMB 312 City &amp; State Orlando, FL Zip 32821-6847</b>	
4. FEI Number <b>59-3616323</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KEENE, RICHARD C ATT. 800-C 3RD. STREET NEPTUNE BEACH, FL 32266</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, JANA 11505 LOUVRE PLACE TEMPLE, FL 33617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Yerger, Sherry 1675 Buena Vista Dr. Ste 325 Lake Buena Vista, FL 328301000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YERGER, SHERRY 1675 BUENA VISTA DR. STE 325 LAKE BUENA VISTA, FL 328301000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dix, Jim 4101-1 Bulls Bay Hwy Jacksonville, FL 32219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPPELL, SHARON 8019 BAYBERRY RD. JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Osborne, Jane 2400 Yorkmont Rd Charlotte, NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRO, PETER 2965 CAROLYN ST. MARIETTA, GA 30062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ross, Sherry 6180 Greenbrook Cir Austell, GA 30108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIX, JIM 6411 PHILIPS HWY JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lawless, Linda 7575 Huntington Park Dr (HMI125) Columbus OH 43235 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ROSA ONE HERALD PLAZA FL6 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE 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: <b>Sherry D. Ross</b> <i>[Signature]</i>		Date <b>8-8-05</b> Daytime Phone # <b>770-745-5112</b>	

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