


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90025 015 ****61.25

DOCUMENT # N99000002247					
1. Entity Name S E D R A INC.					
Principal Place of Business C/O CAREN I. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762			Mailing Address C/O CAREN I. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3637533	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
-STUFFER, CAREN 5570 HOWELL BRANCH RD WINTER PARK, FL 32792			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	PB Ruth Ann McMahon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLURKS, LYNNETTE		NAME	12257 Jandy Run	
STREET ADDRESS	13400 RUNNING WATER RD		STREET ADDRESS	Jupiter, FL 33478	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD Ginn, Jayne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, GAYLE		NAME	18124 126th Terr. N	
STREET ADDRESS	5105 PORTER RD.		STREET ADDRESS	Jupiter, FL 33478	
CITY-ST-ZIP	WHITE SPRINGS, FL 32096		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD MARIO RAMOZY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, DEENA		NAME	13209 CR 561A	
STREET ADDRESS	10155 S FORESTLINE AVE		STREET ADDRESS	Clermont FL 34711	
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASK, NORA		NAME	CAREN STAUFFER	
STREET ADDRESS	1120 N LAKEWOOD		STREET ADDRESS	5510 Howell Br-Rd	
CITY-ST-ZIP	OCFEE, FL 34761		CITY-ST-ZIP	Winter Park FL 32792	
TITLE	ASD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CAROL		NAME		
STREET ADDRESS	3715 PENNSYLVANIA AVE		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE	RSD	<input type="checkbox"/> Delete	TITLE	RSD Anita Couch	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, JAYNE		NAME	11052 162nd PL	
STREET ADDRESS	18124 126TH TERR N		STREET ADDRESS	Jupiter, FL 33478	
CITY-ST-ZIP	JUPITER, FL 33478		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: <i>Caren Stauffer</i>			Date: _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					