


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90035 049 ****61.25

DOCUMENT # N99000002247					
1. Entity Name S E D R A INC.					
Principal Place of Business C/O CAREN J. STAUFFER 5510 HOWELL BRANCH ROAD WINTER PARK, FL 32762			Mailing Address C/O CAREN J. 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
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
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 _____ (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. <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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCMAHON, RUTH A		NAME		
STREET ADDRESS	12257 SANDY RUN		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINN, JAYNE		NAME		
STREET ADDRESS	18124 126TH TERR N		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMSEY, MARIS		NAME	SD Bany Cranmer	
STREET ADDRESS	13209 CR 561A		STREET ADDRESS	15671 115th AVE N.	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Jupiter, FL 33478	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAREN, STAUFFER		NAME	Stauffer	
STREET ADDRESS	5510 HOWELL BR RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
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 checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COUCH, ANITA		NAME	RSD Ramsey, Maris	
STREET ADDRESS	11552 162ND PL		STREET ADDRESS	13209 CR 561A	
CITY-ST-ZIP	JUPITER, FL 33478		CITY-ST-ZIP	CLERMONT FL 34711	
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: <i>Caren Stauffer</i>			Date: 1-21-06 Daytime Phone #: 407-342-7170		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

