

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 004 ****61.25

50060744



07252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3036752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBER, RICHARD W
3604 HARDEN BLVD.
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

*Check To:
FLORIDA DEPARTMENT
OF STATE*

10. OFFICERS AND DIRECTORS

TITLE VD
NAME SPARKS, GRADY
STREET ADDRESS 79-285 RANCHO LA QUANTA DR
CITY-ST-ZIP LA QUINTA, CA 92253

TITLE SD
NAME LONG, WILLIAM B
STREET ADDRESS 530 BEACON PKWY W.
CITY-ST-ZIP BIRMINGHAM, AL

TITLE PD
NAME BARBER, RICHARD W
STREET ADDRESS 3604 HARDEN BLVD.
CITY-ST-ZIP LAKELAND, FL

TITLE T
NAME *RUSSELL TORRES, FRANCISCO*
STREET ADDRESS 3604 HARDEN BLVD
CITY-ST-ZIP LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F/3/05 *8636471100X237*
Date Daytime Phone #