

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-02-2007 90007 019 ****61.25

66003669



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7335883

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOYD, JANEGALE
1812 RIGGINS ROAD
TALLAHASSEE, FL 32308

**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

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GOETZ, MARTY
STREET ADDRESS	11401 OLD ST AUGUSTINE RD
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	C
NAME	BUXO, JUDI
STREET ADDRESS	400 LOCUST ST., STE. 820
CITY - ST - ZIP	DES MOINES, IA 50309
TITLE	S
NAME	THOMPSON, ANN
STREET ADDRESS	601N NEWMAN STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	CUNLIFFE, TERRI
STREET ADDRESS	5781 NW 121ST TERRACE
CITY - ST - ZIP	CORAL SPRINGS, FL 33076
TITLE	D
NAME	NORTON, JACK M
STREET ADDRESS	700 MEASE PLAZA
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	LYNN, RICHARD A
STREET ADDRESS	740 N WOODLAND BLVD
CITY - ST - ZIP	DELAND, FL 32720

**DO NOT WRITE
IN THIS SPACE**

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:

Judi A Buxo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-07

Date

Daytime Phone #