2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# 764401

Entity Name: REGION NO. 16 OF AFTCA, INC.

Current Principal Place of Business:

9707 OAK HAMMOCK TRAIL
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9707 OAK HAMMOCK TRAIL
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-2215732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILTON, JOHN
9707 OAK HAMMOCK TRAIL
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PRICE, DON	
Address:	7541 MOTES RD	
City-St-Zip:	BRYCEVILLE, FL 32009	
Title:	P	( ) Delete
Name:	MILTON, JOHN	
Address:	9707 OAK HAMMOCK TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	DST	( ) Delete
Name:	HOLLEY, CHAD	
Address:	6102 CO. RD 37	
City-St-Zip:	HOPE HALL, AL 31043	
Title:	D	( ) Delete
Name:	WEAVER, LUKE	
Address:	PO BOX 3950	
City-St-Zip:	JACKSON, GA 30233	
Title:	2VPD	( ) Delete
Name:	STALLINGS, RICK	
Address:	P,O, DRAWER 70040	
City-St-Zip:	MONTGOMERY, AL 36107	
Title:	D	( ) Delete
Name:	COPELAND, LARRON	
Address:	1031 SPEIR ROAD	
City-St-Zip:	BRONWOOD, GA 31726	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. MILTON P 04/15/2008
Electronic Signature of Signing Officer or Director — Date