

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90081 028 ****61.25

40038447



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2365365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, JEAN
420 HARBOR DR S
INDIAN ROCKS BEACH, FL 33785

7. Name and Address of New Registered Agent

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TUURI, LEE	
STREET ADDRESS	4021 W LEONA ST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VENEGAS, JUANA	
STREET ADDRESS	1000 GULF BLVD #107	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTT JEAN	
STREET ADDRESS	420 HARBOR DR S.	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785	
TITLE	S	<input type="checkbox"/> Delete
NAME	GILLESPIE, JOE	
STREET ADDRESS	1000 GULF OF BLVD #402	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALCOTT, KANDY	
STREET ADDRESS	3824 ANGLERS LANE	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 (727) 554-5666
Date Daytime Phone #