

**2008 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2008 JUN -9 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05282008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3676709** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALPHIN REAL ESTATE SERVICES, INC. 1896 S. 14TH STREET SUITE 6 AMELIA ISLAND, FL 32034		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P/D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HRUBY, JUDITH			NAME	700131199317		
STREET ADDRESS	419 PORTSIDE DRIVE			STREET ADDRESS	06/11/08--01034--006 **\$61.25		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			
TITLE	V/D	<input checked="" type="checkbox"/> Delete		TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MONROE, CHARLES			NAME	Smith, Jay		
STREET ADDRESS	417 GEORGIA AVENUE			STREET ADDRESS	416 Portside Drive		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WISE, PAM			NAME			
STREET ADDRESS	405 GEORGIA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRYAN, JERRY			NAME	Grisson, Edward		
STREET ADDRESS	2623 GEORGIA AVENUE			STREET ADDRESS	414 Georgia Avenue		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YAKABOW, ALAN			NAME			
STREET ADDRESS	2604 PORTSIDE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Jay A. Smith JAY A. SMITH 5/28/08 277-1982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #