2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# N00000004140

Entity Name: PEACHA L. WIGGINS FAMILY INITIATIVE, INC.

Current Principal Place of Business:

C/O ROBERT S. BOLT
601 BAYSHORE BLVD. SUITE 700
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT S. BOLT
601 BAYSHORE BLVD. SUITE 700
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3673315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLT, ROBERT S
601 BAYSHORE BLVD.
SUITE 700
TAMPA, FL 33606 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:	PD	( ) Delete
Name:	PARK LYNN, LESLIE	
Address:	369 MAYA STREET	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VPD	( ) Delete
Name:	PARK-BROWN, SYDNEY	
Address:	11010 RIVERVIEW DRIVE	
City-St-Zip:	RIVERVIEW, FL 33549	
Title:	VPD	( ) Delete
Name:	HIGGINS, CLARK	
Address:	3124 ORLEANS WAY SOUTH	
City-St-Zip:	APOPKA, FL 32703	
Title:	SD	( ) Delete
Name:	MOORE MAYES, ANALEE	
Address:	4101 OBISPO STREET	
City-St-Zip:	TAMPA, FL 33629	
Title:	TD	( ) Delete
Name:	WIGGINS MOORE, THOMAS	
Address:	3381 EAGLEWOOD TRAIL	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	BOLT, ROBERT	
Address:	455 LUCERNE AVENUE	
City-St-Zip:	TAMPA, FL 33606	

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 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: LESLIE PARK LYNN P 02/09/2007

Electronic Signature of Signing Officer or Director — Date