

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 019 ****61.25

40010201



01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
72-1555940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES INC.
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080

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	P	<input checked="" type="checkbox"/> Delete
NAME	MCGREGOR, DEBRA	
STREET ADDRESS	12854 KENAN DR SUITE 100	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, JR, KENNETH L	
STREET ADDRESS	9456 PHILIPS HIGHWAY SUITE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VANZANT, CHRIS	
STREET ADDRESS	12854 KENAN DR SUITE 100	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffery Adams	
STREET ADDRESS	2325 Aberford Court	
CITY-ST-ZIP	Saint Augustine, FL 32092	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shantel Sellers	
STREET ADDRESS	1792 Ferncreek Dr	
CITY-ST-ZIP	Saint Augustine, FL 32092	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dimple Smith	
STREET ADDRESS	1803 Ferncreek Dr	
CITY-ST-ZIP	Saint Augustine, FL 32092	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clifton Reichle	
STREET ADDRESS	2627 Ashfield Court	
CITY-ST-ZIP	Saint Augustine, FL 32092	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Burton	
STREET ADDRESS	346 Stonehurst Parkway	
CITY-ST-ZIP	Saint Augustine, FL 32092	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2007

Date

904 687 4383

Daytime Phone #