

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 AUG -4 AM 8: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07252008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5818109 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WOLK, DOUGLAS B
648 30TH ST. OCEAN
MARATHON, FL 33050

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 amending) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOLK, DOUGLAS B 648 30TH ST. OCEAN MARATHON, FL 33050 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLK, CINDY L 648 30TH STREET OCEAN MARATHON, FL 33050 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, MARGARET 1820 BAYVIEW ISLAMORADA, FL 33036 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, RICHARD E 12221 OVERSEAS HWY MARATHON, FL 33050 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.S.D. Wolk, Douglas B 648 30th St. Ocean Marathon, FL 33050 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. Kater, Christine 747 Hopewell Drive Cohutta, GA 30710 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700132700567 07/22/08--01026--003 **35.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700132700567 08/05/08--01028--001 **26.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Douglas B. Wolk President 7/3/08 305-743-6022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #