

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 018 ****61.25

40043259



03142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3278531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQ
2476 N ESSEX AVENUE
HERNANDO, FL 34442

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABEL, ERIC D	
STREET ADDRESS	2476 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PASTOR, JOHN D	
STREET ADDRESS	2476 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAIG, AVIS M	
STREET ADDRESS	2476 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DRISKILL, DEB	
STREET ADDRESS	2476 N ESSEX AVENUE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, KAY	
STREET ADDRESS	1832 SHANELLE PATH	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSEN, RON	
STREET ADDRESS	2750 BRENTWOOD CIR.	
CITY-ST-ZIP	LECANTO, FL 34461	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Wilson	
STREET ADDRESS	1855 W. Crystal Mae Path	
CITY-ST-ZIP	LECANTO FL 34461	
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:

Deb Driskill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deb Driskill

3/23/07

352-746-6060

Date

Daytime Phone #