

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90237 011 ****61.25

60000266



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0767267 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, DONALD C
1685 MEDICAL LANE
FORT MYERS, FL 33907-1157

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 _____ (NOTE: Registered Agent signature required when reappointing) 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 | DT | <input type="checkbox"/> Delete |
| NAME | DEVAUX, DOUGLAS F | |
| STREET ADDRESS | 3693 IMPERIAL RIDGE PKWY | |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, GLENN | |
| STREET ADDRESS | 3012 U. S. H IGHWAY 301 NORTH, SUITE 100 | |
| CITY-ST-ZIP | TAMPA, FL 33619 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DUGAN, PATRICK K | |
| STREET ADDRESS | 419 BELLE PT. DRIVE | |
| CITY-ST-ZIP | ST PETE BEACH, FL 33706 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GILL, JAMIE | |
| STREET ADDRESS | 4200 54TH AVENUE SOUTH | |
| CITY-ST-ZIP | ST PETERSBURG, FL 33711 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DOROTHY, NEUHOFFER SISTER | |
| STREET ADDRESS | P.O. BOX 6665 | |
| CITY-ST-ZIP | ST LEO, FL 33574 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TIPSWORD, TOM | |
| STREET ADDRESS | 600 S CLYDE MORRIS BLVD | |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Karen Sharrow | |
| STREET ADDRESS | 2001 West Sample Road, Ste 100 | |
| CITY-ST-ZIP | Pompano Beach, FL 33064 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carolyn Volz | |
| STREET ADDRESS | 4501 Colomial Blvd. | |
| CITY-ST-ZIP | Ft. Myers, FL 33912 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dianna Wase | |
| STREET ADDRESS | 101 W. Main Street | |
| CITY-ST-ZIP | Leesburg, FL 34748 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tuny Jennings | |
| STREET ADDRESS | 81 Beal Parkway SE | |
| CITY-ST-ZIP | Fort Walton Beach, FL 32548 | |
| 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: Douglas Devaux Treasurer

1/05/07 727-536-0214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #