

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90055 027 \*\*\*\*61.25

**40050998**



02292008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1852193** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

~~BECKER & POLIAKOFF, P.A.  
2401 W BAY DR STE 414  
LARGO, FL 33770-1941~~

Name **KIRK BLISS**  
Street Address **CMC**  
**4175 East Bay Dr., Suite 205**  
City **Clearwater, FL 33764** 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, 2008**

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	DEVITO, CARMINE	
STREET ADDRESS	400 ISLAND WAY, UNIT 104	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PETERS, JIM	
STREET ADDRESS	400 ISLAND WAY #1205	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOHAMED, M H	
STREET ADDRESS	400 ISLAND WAY #905	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRARY, TIMOTHY	
STREET ADDRESS	400 ISLAND WAY, UNIT 1407	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WASFY, GOMAL	
STREET ADDRESS	400 ISLAND WAY #1111	
CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERSHMAN, JON	
STREET ADDRESS	400 ISLAND WAY	
CITY-ST-ZIP	CLEARWATER, FL 33767	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth DeVito	
STREET ADDRESS	400 Island Way, Unit 104	
CITY-ST-ZIP	Clearwater Beach, FL 33767	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernadette Frary	
STREET ADDRESS	400 Island Way Unit 1407	
CITY-ST-ZIP	Clearwater Beach, FL 33767	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-29-08 446-6014