

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90072 037 \*\*\*\*61.25

40075338



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-0940532

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HORTON, ARLIN R  
250 BRENT LANE  
PENSACOLA, FL 32503

## 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	PD	<input type="checkbox"/> Delete
NAME	HORTON, ARLIN R.	
STREET ADDRESS	250 BRENT LANE	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGUS, DAN	
STREET ADDRESS	6502 JOHNSTON RD	
CITY-ST-ZIP	LOUISVILLE, KY 40272	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HORTON, REBEKAH	
STREET ADDRESS	250 BRENT LANE	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DAVID	
STREET ADDRESS	81 LICKING VIEW DRIVE	
CITY-ST-ZIP	HEATH, OH 43056	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILPATRICK, VIRGINIA	
STREET ADDRESS	4250 WOODBINE ROAD	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	DC	<input type="checkbox"/> Delete
NAME	BUETTNER, CHARLES E	
STREET ADDRESS	4 N CENTRAL AVE	
CITY-ST-ZIP	BALTIMORE, MD 21203	

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

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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tison, Bill	
STREET ADDRESS	8350 Pilgrim Road	
CITY-ST-ZIP	Pensacola, FL 32514	
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:**

*Gary East*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07 (850) 478-8480  
Date Daytime Phone #