## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 12, 2008 8:00 am Secretary of State

	AIIIOA	LKEFOKI		50	cictary or	State	
1. Entity Nan	MENT # 700777 EATER DADE CITY CHAM	BER OF COMMERCE,	05	-12-2008 90033 013	****61.25		
Principal Place 14112 8TH DADE CITY, I		Mailing Address 14112 8TH STREET DADE CITY, FL 33525	US		)     <b>  1   1  </b>   1   1   1   1   1   1   1		
Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232008 Chg	-NP CR2E037 (1	2/06)	
City & State		City & State		4. FEI Number 59-0549446			
Zip	Country	Zip	Country	5. Certificate of State		75 Additional Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Addres	ss of New Registered Agen	t ·	
		11 5 1 100					
SMITH, PHYLLIS S 14112 8TH STREET DADE CITY, FL 33525			Street Address (P.O. Box Number is Not Acceptable)				
			City	Dade City	FI <sup>7</sup>	lip Code ろろうとご	
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.							
5-09-08						-08	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signat	ure required when reinstating)	DATE	<del></del>	
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 pay Florida Departmer		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECT	ORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SMITH, PHYLLIS S 14112 8TH STREET DADE CITY, FL 33525	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO Anthony S. List 12113 Waynolin S San Antonia, El		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRITTON, KATHY 14150 6TH ST DADE CITY, FL 33525	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Missy Lea 37739 Robinson Au Dade City; FL 335	2	Change 💆 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HODGES, CAROLYN 14045 5TH ST DADE CITY, FL 33525	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clift Martin 13720 US Hwy 98	Bypass	Change X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUBERLEY, SUSAN 36727 BLANTON RD DADE CITY, FL 33523	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	rode City, FC 3 YO Sue Szczerba 37911 Heather Pl Dade City, FL	ace	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENNEDY, JOE 14950 HWY 301 DADE CITY, FL 33525	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jill Evans 37925 church Aue Dade Cofy, FL 3		Change <b>Addition</b>	
TITLE NAME	TD TEELE, RICK	<b>⊠</b> Delete	TITLE NAME	TD Wilton SIMPSA		Change Addition	
STREET ADDRESS	14045 7TH ST DADE CITY, FL 33525	•	STREET ADDRESS CITY-ST-ZIP	P.O. BCK 721 Trilby, FL 3359	2		

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 trusted 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-08

Daytime Phone #