

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90053 043 \*\*\*\*70.00

40007882



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-0675141** Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WEEKS, CARL D  
 5211 MANATEE AVE WEST  
 BRADENTON, FL 34209

**DO NOT WRITE IN THIS SPACE**

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 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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SIFRIT, TOM
STREET ADDRESS	1711 PALMA SOLA BLVD
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VPF
NAME	STEPHEN, JONSSON
STREET ADDRESS	6004 26TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	VPD
NAME	MILLER, HUGH
STREET ADDRESS	1001 3RD AVENUE WEST SUITE 300
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	S
NAME	<del>ELMO KELLY</del> <b>MCGRATH, STEPHEN</b>
STREET ADDRESS	<del>814 FIELDBROOK CT</del> <b>5190 26TH AVE W</b>
CITY-ST-ZIP	<del>BRADENTON, FL 34207</del> <b>BRADENTON, FL 34207</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

*Carl Weeks*  
 1/25/07

Date

761-258

Daytime Phone #