

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90017 006 ****61.25

40079371



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7029829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARDER, STEFANIE
35 ESTUARY TRAIL
CLEARWATER, FL 33759

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-2007

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
NAME SANDEEN, JOHN ☒ Delete
STREET ADDRESS 2300 KENT DR S
CITY-ST-ZIP LARGO, FL 33774

TITLE SD
NAME RILEY, DEBRA ☐ Delete
STREET ADDRESS 3090 PINE STREET
CITY-ST-ZIP CLEARWATER, FL 33763

TITLE ATD
NAME HARDER, STEFANIE ☒ Delete
STREET ADDRESS 35 ESTUARY TRAIL
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE TD
NAME BOSSO, TODD ☒ Delete
STREET ADDRESS 1242 MARKLEY DR
CITY-ST-ZIP LARGO, FL 33770

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME KENT ZOLLER
STREET ADDRESS 101 8th Street
CITY-ST-ZIP BELLAIR Beach, FL 33786

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME Stefanie HARDER
STREET ADDRESS 35 ESTUARY TRAIL
CITY-ST-ZIP Clearwater, FL 33759

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2007 (727) 557-2090