

FILED
Apr 14, 2008 8:00 am
Secretary of State

DOCUMENT # 703784

Mailing Address
100 JIMMY HUGER CIR.
P.O. BOX 9658
DAYTONA BEACH, FL 32117-5108

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

03242008 Chg-NP CR2E037 (12/06)

4. FBI Number
59-1035137

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman of the Board	☒ Change	☐ Addition
NAME	Dr. James L. Greene		
STREET ADDRESS	100 Live Oak Dr.		
CITY-ST-ZIP	DeLand FL 32724		

 Delete

TITLE	Treasurer	☒ Change	☐ Addition
NAME	Mike Staley		
STREET ADDRESS	50 Ormond Green Blvd.		
CITY-ST-ZIP	Ormond Beach, FL 32174		

☐ **Print**

TITLE Secretary ☒ Change ☐ Addition
NAME Audrie Harris
STREET ADDRESS 444 Seabreeze Blvd.
CITY-ST-ZIP Davutree Beach FL 33118

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TITLE	Vice Chair.	☒ Change	☒ Addition
NAME	Kellie Nielan		
STREET ADDRESS	469 Riverside Dr.		
CITY-ST-ZIP	James River, Va. 23171		

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

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

Date _____

Daytime Phone # _____