

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90065 010 \*\*\*\*61.25

40041011



01302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-0939909

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RAWSON, E. KENT  
424 PARK AVENUE NORTH  
SAINT PETERSBURG, FL 33710

## 7. Name and Address of New Registered Agent

Name HELENE GETCHELL  
Street Address (P.O. Box Number is Not Acceptable)  
10231 TARPIN Drive  
TREASURE ISLAND  
City FL Zip Code 33706

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

*Helene Getchell*

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

(NOTE: Registered Agent signature required when reinstating)

3/19/07  
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	S	<input checked="" type="checkbox"/> Delete
NAME	SHERLOCK, MARTHA C	
STREET ADDRESS	11523 AT TERRACE	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RAWSON, KENT E	
STREET ADDRESS	424 PARK ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRATONOV, JOHN	
STREET ADDRESS	5200 43RD TERRACE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBORAH Stewart-Levittino	
STREET ADDRESS	10207 2ND STREET E	
CITY-ST-ZIP	TREASURE Is., FL. 33706	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELENE Getchell	
STREET ADDRESS	10231 TARPIN Drive	
CITY-ST-ZIP	TREASURE Island FLA 33706	
TITLE	Elaine Spato	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11145 7th St E.	
STREET ADDRESS	Treasure Is FL. 33706	
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		<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:

*Helene Getchell* HELENE GETCHELL

3/12/07 941-221-1435  
Date Daytime Phone #