

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90005 001 ****70.00

40005330



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0657326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAAG, JERRY DR.
1015 SIKES BLVD.
LAKELAND, FL 33815

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUTTO, DANNY 1015 SIKES BLVD LAKELAND, FL 33815	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WHITMAN, DON 1015 SIKES BLVD. LAKELAND, FL 33815	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD THOMAS, DALE 1015 SIKES BLVD. LAKELAND, FL 33815	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T JOHNSTON, STEVEN P 1015 SIKES BLVD. LAKELAND, FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAAG, JERRY DR. 1015 SIKES BLVD. LAKELAND, FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT Musselwhite, Bobby 1015 Sikes Blvd. Lakeland, FL 33815	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT Broadwell, Bob 1015 Sikes Blvd. Lakeland, FL 33815	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT Day, Beverly 1015 Sikes Blvd. Lakealnd, FL 33815	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Steve Johnston V.P.

Date

1-1508 863-687-8811

Daytime Phone #