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

FILED Apr 23, 2007 8:00 am Secretary of State

DOCU 1. Entity Nan ST. JOHI ORLAND				04-23-20	007 90286				
Principal Place of Business 1600 S ORLANDO AVENUE WINTER PARK, FL 32789		Mailing Address 1600 S ORLANDO AVENUE WINTER PARK, FL 32789			φυ	0100			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02222007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-0900	996			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
JOHNSON 1600 SOU WINTER F	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) A.X.								
			CIPY	144	= D. 11		FL	Za Cod	e_ 00
 The above named entity submits this statement for the purpose of changing its req the obligations of registered agent. 					red agent, or both	, in the State of I			
the obligat	noris or registered agent.					1 i			
SIGNATURE .	Signature, typed or printed name of registered agent	RONNA MCF and title if applicable. (NOTE:	Adder	pature required	when mineraling)	(1/12/2	2007	
SIGNATURE .	Symptic, typed or printed name of registered agent Filling Fee is \$61,25 Due by May 1, 2007		Registered Agent sign paign Financing		\$5.00 May Be Added to Fees		Make check	payable t	0
SIGNATURE	Filing Fee is \$61.25	and rife if applicable. (NOTE: 9. Election Cam Trust Fund Co	Registered Agent sign paign Financing		\$5.00 May Be	Fic	orida Depart	payable to	o tate
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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:

