

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708867

FILED
May 11, 2007
Secretary of State

Entity Name: E.S. OF NORTH FLORIDA, INC.

Current Principal Place of Business:

910 MYERS PARK DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7665
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-0812644 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WYER, JILL
910 MYERS PARK DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SPELLMAN, MICHAEL
1319 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: MICHAEL SPELLMAN

05/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: SPELLMAN, MICHAEL
Address: 1319 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: DIGRUCCIO, DENISE
Address: 7075 GRENVILLE RD
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: MELTON, KIM
Address: 3110 CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: HANSARD, MATTHEW
Address: 3375-G CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: ADKINS, GWEN
Address: 1319 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: O'DEA, JOHN
Address: 1319 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW R. HANSARD

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05/11/2007

Electronic Signature of Signing Officer or Director

Date