

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90028 005 ****70.00

40035466



02062007 No Chg-NP CP2E037 (4/06)

4. FEI Number 59-0481747	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BROWN, GRADY L
6845 FORRESTWOOD DRIVE W.
LAKELAND, FL 33811

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reissuing) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRELL, GREGORY J 8502 PELICAN LANE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, GRADY L 6845 FORRESTWOOD DRIVE W. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNN, THOMAS 7107 W PIERCE HARWELL RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Grady L. Brown Grady L. Brown, Business Manager 2/8/07

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #