

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90097 037 \*\*\*\*70.00

40110911



05082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1357353

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LEVINE, MARK  
6601 CHESTER AVE.  
JACKSONVILLE, FL 32217

## 7. Name and Address of New Registered Agent

Name Matthew T. Sherburne, C.P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
6601 Chester Ave  
City Jacksonville FL 32216

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]*

(NOTE: Registered Agent signature required when reinstating)

5/8/07

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 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	ST	<input checked="" type="checkbox"/> Delete
NAME	RUMMEL, RICHARD	
STREET ADDRESS	28 SEA TROUT ST.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKERMAN, KENNETH	
STREET ADDRESS	11721 VILLAGE LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POARCH, BERT P.	
STREET ADDRESS	178 JEFFERSON AVE., E.	
CITY-ST-ZIP	ORANGE PARK, FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	PULLEN, DOUGLAS	
STREET ADDRESS	1433 WINDSOR PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BARBER, JOHN W JR	
STREET ADDRESS	1514 BERNITA ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, GENE	
STREET ADDRESS	6688 CABELLO DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32226	

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

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Light, Nancy	
STREET ADDRESS	13832 Carters Grove Lane	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Compton, Wayne	
STREET ADDRESS	7436 Lem Turner Rd.	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackson, Andrew	
STREET ADDRESS	2405 Burgoyne Dr.	
CITY-ST-ZIP	Jacksonville, FL 32208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McQuiddy, Dean	
STREET ADDRESS	1579 The Green Way, Ste 20	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/07

Date

904-636-0313

Daytime Phone #