

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90019 031 \*\*\*\*61.25

40039270



03062007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-6194207

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

BAILEY, WILLIAM J  
1915 53RD AVENUE EAST  
P.O. BOX 144  
ONECO, FL 34264

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 *William J. Bailey*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/07

**Filing Fee is \$61.25**  
**Due by May 1, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BAILEY, WILLIAM J	5105 17TH ST CT EAST	BRADENTON, FL 34203	<input type="checkbox"/>
D	CLINE, RICHARD T	2907 59TH ST CT EAST	BRADENTON, FL 34208	<input type="checkbox"/>
TD	FANCA, STANLEY J	2015 51ST AVE E - P.O. BOX 144	ONECO, FL 34264	<input type="checkbox"/>
VPD	PRITCHARD, ADELE P	5124 17TH ST CT EAST	BRADENTON, FL 34203	<input type="checkbox"/>
DS	BAILEY, SALLY	5105 17TH CT E	BRADENTON, FL	<input type="checkbox"/>
D	WILSON, MARY E	2947 RIVER TRACE CIR	BRADENTON, FL 34208	<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BAILEY, WILLIAM J	3018 42nd Ave East	Bradenton, FL 34208	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SCHUMAKER, LARRY	5139 ITHACA LN	SARASOTA, FL 34243	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FANCA, STANLEY J	2015 51st AVE EAST- PO BOX 144	ONECO, FL 34264	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD	WILSON, MARY E	2947 RIVER TRACE CIR E.	BRADENTON, FL 34208	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/07 941-756-6942