2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2008 8:00 am Secretary of State

Signat Filter Signate	1. Entity Narr	MENT # 714338 ATING PARISHES, INC.					08-25-2008	90004 017 ****	51.25
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City	519 EAST FIRST ST 51		519 EAST FIRST ST		THE STATE OF THE S	41186 P8 61 8	U Breit film þiði biðil siðil þið þ	ONIOLOG GEORGE	
City & State	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	•					
Special Spec	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		08012008 C	hg-NP	CR2E037 (12/06)		
S. Certificate of Status Descried Fee Required AMY CHARLES, INC. 725 PRIMERA BLVD., STE. 145 LAKE MARY, FL:32746 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. FLORIDA	City & Stat	е	City & State			73		· · · · · · · · · · · · · · · · · · ·	
AMY CHARLES, INC. 725 PRIMERA BLVD., STE. 145 LAKE MARY, FL-32746 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State	Zip	Country	Zip	Coun	try	5 Certificate of Status Desired \$8.75 Additional			
AMY CHARLES, INC. 725 PRIMERS BLVD, STE, 145 LAKE MARY, FL -32746 6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the debigations of registered agent. SIGNATURE Signature Due by September 12, 2008 Silection Campaign Financing Trust Fund Contribution. S. 5, 00 may By Added to Fees S. 5, 00 may By Added to Fees S. 6, 00 may B		6. Name and Address of Current Re	egistered Agent			7. Name and Add	iress of New F	Registered Agent	
City FL Zip Code 8. The above ramed 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 Filling Fee is \$61.25 Section Campaign Financing Trust Fund Contribution. Addition by September 12, 2008 Section Campaign Financing Trust Fund Contribution. Addition Signature and the state of Florida Department of State									
R. 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 hybrid or pretend name of registered agent and tale if applicable. (MOTE Registered Agent signature required when rematating) DATE				-	Street Address ((P.O. Box Number is	Not Acceptable	e) 	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent. Signature Signatu				-	City Zip Code				de
SIGNATURE Signature Signa	8 The shove	named entity submits this statement for t	he nuroose of changing its	registered	d office or register	red agent or both in	the State of Flo	<u>- </u>	and accent
10.		, v v	d title il applicable. (NOTE	: Registered	Agent signature required	d when reinstating)	<u>.</u> .	DATE	
TITLE NAME	l = .e .e .e						1		
NAME SITRET ADDRESS CITY-ST-ZIP TITLE DEBARY, FL 32713 TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE DEBARY, FL 32713 TITLE DEBARY, FL 32715 TITLE DEBARY, FL 32725 TITLE DEBARY, FL 32795 TITLE DEBARY, FL 32713 TITLE DEB	10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS II	V 10
NAME STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 TITLE NAME STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 TITLE D FIELDER, AL STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DEBARY, FL 32713 TITLE D DEBARY, FL 32713 TITLE NAME STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32717 TITLE D DEDICATE TITLE D DEBARY, FL 32717 TITLE D DEBARY, FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE D DELTONA, FL 32725 TITLE D DELTONA, FL 32725 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32795 TITLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32795 CITY-ST-ZIP CITY	NAME JOHNSON, DAVID STREET ADDRESS 111 WOOD RIDGE TRAIL		☐ Delete	NAME STREET				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP DEVITO, ARTHUR STREET ADDRESS CITY-ST-ZIP TITLE DAME STREET ADDRESS CITY-ST-ZIP DEVITO, ARTHUR STREET ADDRESS CITY-ST-ZIP TITLE DAME STREET ADDRESS CITY-ST-ZIP TAME LAKE MARY BLVD. LAKE MARY, FL 32795 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TAME LAKE MARY, FL 32795 CITY-ST-ZIP	NAME STREET ADDRESS	GOODING, KENNETH 349 CADDIE DR	☐ Delete	name Street				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32717 TITLE NAME EDMONDS, EDWARD STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP LAKE MARY BLVD. LAKE MARY, FL 32795 CITY-ST-ZIP	NAME STREET ADDRESS	FIELDER, AL 130 PLANTATION ROAD	□ . Delete	NAME STREET				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP DELTONAS STREET ADDRESS CITY-ST-ZIP TITLE D DELTONAS NAME WEST, THOMAS STREET ADDRESS CITY-ST-ZIP LAKE MARY BLVD. CITY-ST-ZIP CITY-ST-ZIP NAME CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS	DEVITO, ARTHUR 4957 FAWN RIDGE PL	☐ Delete	NAME STREET			·	☐ Change	Addition
NAME STREET ADDRESS 1635 W. LAKE MARY BLVD. CITY-ST-ZIP LAKE MARY, FL 32795 STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	EDMONDS, EDWARD 862 SHENANDOAH AVE.	☐ Delete	NAME Street	į.			☐ Change	☐ Addition
3.2 I BACONI COMBLIBATION INTO INTO MANDE ON CHARLES AND	NAME STREET ADDRESS CITY-ST-ZIP	WEST, THOMAS 1635 W. LAKE MARY BLVD. LAKE MARY, FL 32795		NAME STREET CITY-S	ST-ZIP	t in Chantor 110. Ele	vrida Statutas I	_ `	

2. I nereoy ceruly that the information supplied with first fluing does not quality 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 eath; 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/08

(407)314-0477

Daytime Phone #

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Document Number Business Entity No		RATING PARISHE	ES, INC.				
FEI Number 59	- 6247573						
FEI Number Status	S	pove O Applied	For O Not App	licable			
Certificate of Statu	ıs 🗌 \$8.75 (d	Optional)					
Election Campaigr	Financing T	rust Fund Contri	bution () Yes	No			
Principal Plac	e of Busir	ness					
Address	519 EAST	FIRST ST		(PO Box not	acceptable)		
Suite, Apt. #, etc.							
City, State	SANFORD		, FL				
Zip Code & Count	ry 32771						
Mailing Addre	ess						
If your mailing add		eme as the princ	ipal address at	ove, please c	heck the box be	low. Other	wise, enter
your mailing addres		incipal address					
Address	519 EAST	FIRST ST		-			
Suite, Apt. #, etc.	•						
City, State	SANFORD		FL				
Zip Code & Count	ry 32771	_					
Name And Ad	idress of l	Registered 4	\aent				
Name (Last, First,			:3****				
· OR		•	•	, ,			
Business to serve	as RA	AMY CHARLES	S, INC.				
Street Address In	Florida	725 PRIMERA I	BLVD., STE. 14	5	(PO Box not acce	eptable)	
Suite, Apt. #, etc.							
City, State		LAKE MARY		, FL			
Zip Code & Coun		32746 U			<u> </u>	7	
If there is a change i Signature' block bek name. If the RA is a as its own RA. Registered Agen	ow to accept the business entity,	designation of regis	stered agent. RA:	signature must b	e an individual		

Page 2 of 3

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. Correspondence E-mail Address E-mail address to where correspondence pertaining to this filling should be e-mailed. E-mail Address Officer/Director Name And Address Name And Address #1 Title Name (Last, First, Middle, Title) JOHNSON DAVID - OR -Entity Name to serve as Officer/Director Street Address 111 WOOD RIDGE TRAIL City, State SANFORD FL Zip Code & Country 32771 Name And Address #2 Title GOODING Name (Last, First, Middle, Title) KENNETH - OR -Entity Name to serve as Officer/Director Street Address 349 CADDIE DR City, State **DEBARY** , FL Zip Code & Country 32713 Name And Address #3 Title Name (Last, First, Middle, Title) FIELDER , AL - OR -Entity Name to serve as Officer/Director Street Address 130 PLANTATION ROAD City, State **DEBARY** , FL 32713 Zip Code & Country Name And Address #4 Name (Last, First, Middle, Title) **DEVITO** ARTHUR - OR -Entity Name to serve as Officer/Director

https://efile.sunbiz.org/scripts/ubr001.exe

4957 FAWN RIDGE PL

Street Address

· www.sunbiz.org - Department of State

ATTACHMENT

Page 3 of 3

City, State	SANFORD	. 8	= 1	40114284
Zip Code & Country	32717	, •	_	# 714338
Name And Address #5				
Title	D			
Name (Last, First, Middle, Title) - OR -	EDMONDS	, EDWARD	٠	•
Entity Name to serve as Officer/Dire	ctor			
Street Address	862 SHENANDO	DAH AVE.		
City, State	DELTONA	, 1	FL	
Zip Code & Country	32725			
Name And Address #6				
Title	D			
Name (Last, First, Middle, Title) - OR -	WEST	, THOMAS	,	•
Entity Name to serve as Officer/Dire	ector			
Street Address	1635 W. LAKE !	MARY BLVD.		
City, State	LAKE MARY	, 1	FL	
Zip Code & Country	32795			
An individual named above or an individual in the 'Officer/Director Signature' block be Title Officer/Director Signature This signature must be that of the indithe full knowledge and permission of Florida Statutes. The individual "signii	ow. A corporate name is	ocument electronic se it constitutes fo	cally or t	be made with onder s.831.06,
Continue		ſ	Reset	

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