

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90050 025 ****61.25

40032160



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1294365

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, ELIZABETH
4821 SAXON DR
NEW SMYRNA BCH, FL 32169

7. Name and Address of New Registered Agent

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 Elizabeth A Murphy ELIZABETH MURPHY 3/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME SMITH, KATHRYNE
STREET ADDRESS 3823 KINGSTON PARK
CITY-ST-ZIP KNOXVILLE, TN 37919

TITLE D ☒ Delete
NAME UHER, EDWARD
STREET ADDRESS 2813 VISTA DR
CITY-ST-ZIP HUNTSVILLE, AL 35803

TITLE DST ☐ Delete
NAME ~~STYMIIE, JAN~~
STREET ADDRESS ~~STYMIIE LANE~~
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D ☐ Delete
NAME DELOZIER, JOHN
STREET ADDRESS 810 EUCLID AVE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete
NAME ERLANDSON, RICK
STREET ADDRESS 940 DYSON DR
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~Director Officer~~ ☐ Change ☒ Addition
NAME David de Armas
STREET ADDRESS 2017 Nela Ave
CITY-ST-ZIP Orlando FL 32809

TITLE Director ☐ Change ☒ Addition
NAME Thomas P Schmidt
STREET ADDRESS 24554 Calusa Blvd
CITY-ST-ZIP Eustis, FL 32736

TITLE Director ☐ Change ☒ Addition
NAME ~~Merrie Kaplan~~
STREET ADDRESS 319 Hempstead Ave
CITY-ST-ZIP Rockville Centre NY 11570

TITLE Director ☐ Change ☒ Addition
NAME Ruth Littleford
STREET ADDRESS 1500 Bonnie Burn Cr
CITY-ST-ZIP Winter Park FL 32789

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: James B Donahue 3-28-07 356 428-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #