2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #718021

FILED Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90046 004 ****70.00

1. Entity Nam. THE FLOI INC.	RIDA DISTRICT OF THE V	WESLEYAN CHURCH	,		<u>-</u>			
Principal Place of Business 303 E. CLAY AVENUE BRANDON, FL 33510-3737 US		Mailing Address 303 E. CLAY AVENUE BRANDON, FL 33510-3737 US		40	40028923			
2. Principal Pl	Place of Business - No P.O. Box #	3. Mailing Address	_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Numb	per		plied For	
Zip	Country	Zin	Zip Country		21062	\$8.75 Adv	ot Applicable	
					of Status Desired	Fee Require	d	
	6. Name and Address of Current	t Registered Agent	Name	7. Name an	d Address of New	Registered Agent		
	RRY D REV							
	AY AVENUE N, FL 33510-3737		Street Addre		ss (P.O. Box Number is Not Acceptable)			
BRANDON	4, FE 33310-3737							
	•		City			FL Zip Cod	e	
8. The above	named entity submits this statement f	or the purpose of changing its r	registered office o	or registered agent, or be	oth, in the State of	Borida. Lam familiar with.	and accept	
	named entity submits this statement fitions of registered agent.	for the purpose of changing its a	registered office of	or registered agent, or be	oth, in the State of	Florida. I am familiar with,	and accept	
		for the purpose of changing its a	registered office o	or registered agent, or be	oth, in the State of	Florida. I am familiar with,	and accept	
				or registered agent, or be to	oth, in the State of	Florida. I am familiar with,	and accept	
the obligat	Signature, typed or printed name of registered ager	nt and utile if applicable (NOTE	E. Registered Agent signs	ture required when reinstating) \$5.00 May	Be			
the obligat	Signature. Typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	nt and title if applicable (NOTE 9. Election Cam Trust Fund C	E. Registered Agent signs npaign Financing contribution.	\$5.00 May Added to Fee	Be s Fi	DATE Make check payable torida Department of S	o tate	
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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 add so with all athertisk empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MCKEE, WALTER E.

STREET ADDRESS | 18331 TELEGRAPH CREEK LANE

ALVA, FL 33920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

813-661-2923 Dayurre Phone #