2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718790

FILED Jan 14, 2009 Secretary of State

		•	NC.	
Current Principal Place of Business:			New Principal Place of Business:	
	VIN LEE ROAD AND, FL 34736	US		
Current Mailing Address:			New Mailing Address:	
	VIN LEE ROAD AND, FL 34736	US		
FEI Number	r: 59-2999698	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
GROVELATHE The above	VIN LEE ROAD AND, FL 34736 e named entity s e of Florida.	US ubmits this statement for the ເ	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATU		c Signature of Registered Ag	ant and	 Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:	
				ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	VD () WILSON, BILL 3618 W. SOUTH LECANTO, FL 3		Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR () Change () Addition
Name: Address:	WILSON, BILL 3618 W. SOUTH LECANTO, FL 3	ERN ST. 4460 Delete EE ROAD	Title: Name: Address:	
Name: Address: City-St-Zip: Title: Name: Address:	WILSON, BILL 3618 W. SOUTH LECANTO, FL 3 TD () MULLANY, TOM 6200 CALVIN LE GROVELAND, F	ERN ST. 4460 Delete EE ROAD L 34736 Delete RD W	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MULLANY TD 01/14/2009