

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

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90131 001 \*\*\*122.50

**66010353**



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1301029**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SANDERS, DR. N.S.  
1130 N WEBSTER AVE.  
LAKELAND, FL 33805

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/13/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, ANNETTE 606 PONDEROSA DR W LAKELAND, FL 00000-33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, N S 1131 N WEBSTER AVENUE LAKELAND, FL 00000-33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLS, DALE 2815 HIGHLAND BLVD LAKELAND, FL 33804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ANDERSON SR <del>1400 WILSON RD</del> 3918 Winchester Rd. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANDLEY, JOE 646 WHITEHURST LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-13-07**