

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90017 031 ****61.25

40110327



07092008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7248408

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

6. Name and Address of Current Registered Agent

STOPPS, WILLIAM E
28179 VANDERBILT DRIVE
BONITA SPRINGS, FL 34134

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 _____
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 September 12, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | STOPPS, WILLIAM E | |
| STREET ADDRESS | 15330 CEDAR WOOD LANE #101 | |
| CITY-ST-ZIP | NAPLES, FL 34110 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | MATHESON, IAN | |
| STREET ADDRESS | 21600 HELMSDALE RUN | |
| CITY-ST-ZIP | ESTERO, FL 33928 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROGER PETERSON | |
| STREET ADDRESS | 3867 JUNGLE PLUM DRIVE EAST | |
| CITY-ST-ZIP | NAPLES, FL 34114 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JOHNSON, WAYNE | |
| STREET ADDRESS | 12600 FOX RIDGE DR #6103 | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | LUEBKE, DANE | |
| STREET ADDRESS | 185 CRESHIRE WAY | |
| CITY-ST-ZIP | NAPLES, FL 34110 | |

| | | |
|----------------|-------------------------|--|
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALLACE TEWS | |
| STREET ADDRESS | 5315 ANDOVER DRIVE #102 | |
| CITY-ST-ZIP | NAPLES, FL 34110 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: William E. Stopps **WILLIAM E. STOPPS TREASURER** 7/9/09 (239)992-9299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #