

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90062 043 \*\*\*\*61.25

40061934



04022007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2333813** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

SAUNDERS, SARAH  
645 ALLIGATOR RD NW  
MOORE HAVEN, FL 33471

## 7. Name and Address of New Registered Agent

Name **Cecil Akin**

Street Address (P.O. Box Number is Not Acceptable) **560 E. Hickpoochee Ave.**

City **LaBelle**

FL

Zip Code **33985**

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: **Cecil Akin**

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 PD ☒ Delete  
NAME SAUNDERS, SARAH  
STREET ADDRESS 645 ALLIGATOR RD NW  
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE TD ☐ Delete  
NAME TAYLOR, KAREN  
STREET ADDRESS 765 E ST RT 78 #71  
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE SD ☐ Delete  
NAME RANDOLPH, JO  
STREET ADDRESS 970 E SR 78 NW  
CITY-ST-ZIP MOORE HAVEN, FL 33471

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Cecil Akin  
STREET ADDRESS 560 E. Hickpoochee Ave.  
CITY-ST-ZIP LaBelle, FL 33985

TITLE VD ☒ Change ☒ Addition  
NAME Janet Getchell  
STREET ADDRESS 9655 Jerdik Dr. MooreHaven FL 33471

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

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

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: **Cecil Akin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #