

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 041 ****70.00

60036360



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6196559

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLAMP, PAUL H SR
12708 LITEWOOD DR
HUDSON, FL 34669

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 *Paul H. Clamp Sr* PAUL H. CLAMP SR

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	DA	<input checked="" type="checkbox"/> Delete
NAME	AUCHU, ROBERT J	
STREET ADDRESS	9108 ELSA CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	C	<input type="checkbox"/> Delete
NAME	CLAMP SR, PAUL H	
STREET ADDRESS	12708 LITEWOOD DR	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, KENNETH L	
STREET ADDRESS	2126 PAMELA DRIVE	
CITY-ST-ZIP	HOLIDAY, FL 34690	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COVERT, FREDERICK M	
STREET ADDRESS	15945 JACKIE LANE	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, ANTHONY	
STREET ADDRESS	8512 NEWTON DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIGLIO, MICHAEL J	
STREET ADDRESS	11725 SPRING TREE LANE	
CITY-ST-ZIP	PORT RICHEY, FL 346681154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, JON	
STREET ADDRESS	7838 TRAIL RUN LOOP	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARMAH, BILLY	
STREET ADDRESS	12769 CIRCLE LAKE DR	
CITY-ST-ZIP	HUDSON, FL 34669-2902	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADON, ALAN	
STREET ADDRESS	7245 BROADMOOR DR. #5	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653-4450	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, RUSSELL	
STREET ADDRESS	465 SHADDOCK ST.	
CITY-ST-ZIP	TALPOW SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMLEY, RAY	
STREET ADDRESS	6611 WANDER PALM CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653-5717	

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: *Paul H. Clamp Sr* PAUL H. CLAMP SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/07 727-845-3886