

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90067 038 ****61.25

60020837



02152007 Chg-NP CR2E037 (12/06)

4. FEI Number **48-0820751** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE L.
401 E. OSCEOLA STREET
STUART, FL 34994

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BUNN, WILLIAM	
STREET ADDRESS	1225 NW 21ST APT 3514	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGUGLIO, SAMUEL	
STREET ADDRESS	1225 NW 21ST, APT 2714	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	TEFFT, LAWRENCE	
STREET ADDRESS	1225 NW 21ST APT 608	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	P	<input type="checkbox"/> Delete
NAME	RON, TRANHAM	
STREET ADDRESS	1225 NW 21ST APT 501	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARDY, MORGIA	
STREET ADDRESS	1225 NW 21ST APT. 1801	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALERNO, FRANK	
STREET ADDRESS	1225 NW 21ST, APT 2706	
CITY-ST-ZIP	STUART, FL 34994	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Freshour	
STREET ADDRESS	1225 NW 21st Apt. 2808	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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:

James Freshour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07
Date

Daytime Phone #