

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90195 041 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2227755

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, RUDY
453 COLLINSFORD RD.
TALLAHASSEE, FL 32301

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 re-registering)

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	<input type="checkbox"/> Delete
NAME	WATSON, RUDY	
STREET ADDRESS	453 COLLINSFORD RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OKONKWO, PETER	
STREET ADDRESS	361 COLLINSFORD RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOERNER, GEORGE	
STREET ADDRESS	2420 HAYS MILL ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLIGOOD, SARA S	
STREET ADDRESS	110-A S. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODROW, CHRIS	
STREET ADDRESS	2416 HAYS MILL RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SINGLETARY, WES	
STREET ADDRESS	405 COLLINSFORD RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	William Fox, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2419 Hays Mill Road	
STREET ADDRESS	Tallahassee, FL 32301	
CITY-ST-ZIP		
TITLE	Robin Mariutto, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2404 Castletower Road	
STREET ADDRESS	Tallahassee, FL 32301	
CITY-ST-ZIP		
TITLE	Bob Partain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2440 Castletower Road	
STREET ADDRESS	Tallahassee, FL 32301	
CITY-ST-ZIP		
TITLE	Sara Alligood, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 10544	
STREET ADDRESS	Tallahassee, FL 32302	
CITY-ST-ZIP		
TITLE	Emily Moore, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2423 Castletower Lane	
STREET ADDRESS	Tallahassee, FL 32301	
CITY-ST-ZIP		
TITLE	George Englemark, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2436 Castletower Road	
STREET ADDRESS	Tallahassee, FL 32301	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA S. Alligood

1-12-07 (850)222-8973

Date

Daytime Phone #

ATTACHMENT

60001784

731174

Jennifer Fleisher, Director
2400 Castletower Road
Tallahassee, FL 32301

(Add)✓