2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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| YULEE FL 32097 2. Principal Place of Suciness 3. Molling Address Suite. Apr. 4, etc. Suite. Apr. 6, etc. Suit | Principal Plac | ce of Business | Mailing Address | | | | | | | |
| \$. Mailorg Address \$. Surie. Apt. R. etc. \$. | YULEE FL 32097 | | YULEE FL 32097 | | | | | | | |
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| S. Cerrificate of Situsus Desired Prop Required Agent Prop Req | City & State | | City & State | | 4, FEI Number | NO-T APP | LICABLE | | | |
| WHITE AMOS RT 7 BOX 124 YULEE FL 32097 R. The above named entity outbrook this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Department of State. SIGNATURE: 10. | Zıp | Country | Zip | o Country | | 5. Certificate of S | tatus Desired | | | |
| ### STORY 124 YULE FL 32097 City FL 7:p Code | · | 6. Name and Address of Current R | egistered Agent | | tom a | 7. Name and Add | iress of New | Registered : | Agent | |
| ### FILE NOW; FEE IS \$2037 City FL Zip Code City City Zip Zi | \ A/L i | ITE AMOS | | | · | | | | | |
| The above named only 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 SUBMATURE SU | RT. | 7 BOX 124 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Signature File NoW; FEE is \$61.25 | | | | | City | · · · · · · · · · · · · · · · · · · · | | Fi | Zip Cor | te |
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