## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734581** 

FILED Mar 20, 2009 Secretary of State

LOT 17 PUBLIC RECORDS OF VOLUSIA COUNTY DAYTONA BCH, FL 32127 US  Remailing Address:  New Mailing Address:  New Mailing Address:  New Mailing Address:  New Mailing Address:  122 VENETIAN WAY DAYTONA BCH, FL 32127 US  FEI Number:  FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  LUCAS, PAMELA 122 VENETIAN WAY DAYTONA BCH, FL 32127 US  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.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title:  P ( ) Delete Name: LUCAS, PAMELA Name: Address:  122 VENETIAN WAY Address: City-St-Zip: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: COX, MARILYNN Name: Address:		VILITI / 0 1001		ocorciary or otate	
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PUBLIC RECORDS OF VOLUSIA COUNTY DAYTONA BCH, FL 32127 US  Current Mailing Address:  122 VENETIAN WAY DAYTONA BCH, FL 32127 US  FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  LUCAS, PAMELA 122 VENETIAN WAY DAYTONA BCH, FL 32127 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECT Title: P ( ) Delete Name: LUCAS, PAMELA Name: Address: City-St-Zip: PORT ORANGE, FL 32127  Title: ST ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: PORT ORANGE, FL 32127  Title: ST ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: PORT ORANGE, FL 32127  Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: PORT ORANGE, FL 32127  Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: PORT ORANGE, FL 32127  Title: VP ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: City-St-Zip: Title: ( ) Change ( ) Addition Name: Address: Address: City-St-Zip: City-	Current F	Principal Place of Business:	New Principal Place	of Business:	
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	Name: Address:	COX, MARILYŃN 110 VENETIAN WAY	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM LUCAS PRES 03/20/2009