

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90214 005 ****61.25

60001422



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1713102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GODDARD, JAMES R
6108 26TH ST WEST
SUITE 4
BRADENTON, FL 34207

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MARDIROSSIAN, YESSAYI	
STREET ADDRESS	3504-40TH ST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOCK, GERALD	
STREET ADDRESS	3403-40TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	DTD	<input type="checkbox"/> Delete
NAME	POLLARD, BARBARA	
STREET ADDRESS	4007-34TH AVE DR W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	DSD	<input type="checkbox"/> Delete
NAME	NEEDHAM, JACQUELINE JACQUE	
STREET ADDRESS	3502-40TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETTIKER, ROBERT	
STREET ADDRESS	3901-34TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOX, MARYJANE	
STREET ADDRESS	3901-34TH AVE DR W	
CITY-ST-ZIP	BRADENTON, FL 34205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
NAME	Dolly Holmes
STREET ADDRESS	3905 34TH AVE Dr. W.
CITY-ST-ZIP	Bradenton, FL 34205

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

SECTY.
TREAS.

1-10-07

Date

Daytime Phone #