

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90034 025 ****61.25

00060136



03142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1761610

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HULL, CHARLES
6415 GENTLE BEN CIRCLE
WESLEY CHAPEL, FL 33544

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	T	<input type="checkbox"/> Delete
NAME	HUMBERT, MARTHA J	
STREET ADDRESS	7918 WOODGROVE CIRCLE	
CITY - ST - ZIP	TAMPA, FL 336152043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARPER, BART	
STREET ADDRESS	6211 N. HALE AVE	
CITY - ST - ZIP	TAMPA, FL 33614	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAKE, MARILYN	
STREET ADDRESS	4717 BAY VISTA AVE	
CITY - ST - ZIP	TAMPA, FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, DIXIE	
STREET ADDRESS	1428 W. YUKON ST	
CITY - ST - ZIP	TAMPA, FL 33604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Amy Reyes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7305 Brideview Cir, Bldg 14 Apt 107	
STREET ADDRESS	Tampa, FL 33634	
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Ross	
STREET ADDRESS	15139 Nighthawk Dr.	
CITY - ST - ZIP	Tampa, FL 33625	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Collins	
STREET ADDRESS	4915 S 83 St	
CITY - ST - ZIP	Tampa, FL 33619	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adam Helling	
STREET ADDRESS	6805 Silver Branch Ct	
CITY - ST - ZIP	Tampa, FL 33625	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Hipson	
STREET ADDRESS	5219 Bon Vivant Dr, apt 212	
CITY - ST - ZIP	Tampa, FL 33603	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chuck Palm Jr	
STREET ADDRESS	2916 W Violet St	
CITY - ST - ZIP	Tampa, FL 33614	

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:

Charles Hull CHARLES HULL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/14/2007

813-872-7545