2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State
06-08-2007 90001 003 ****61.25

DOCUMENT # 740645

11. Entity Name
SINGLETON ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
11132 SE 128TH PLACE RD CITRA, FL 32179 US	560 B FAIRWAY CIR. OCALA, FL 34472 US

4012U10U

05242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 1025
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Blackshear Ga
Zip / Country	Zip: 31516 Country: USA

4. FEI Number: 59-1790163 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAIL, LYNDA 112450 BISCAYNE BLVD #806 JACKSONVILLE, FL 32218	Name: Ed Powell Street Address (P.O. Box Number is Not Acceptable): 239 E. Buffalo Rd - Unit 109 City: Palatka FL Zip Code: 32189

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: Edward T. Powell 6-4-07
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 September 14, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WPD JACKSON, CHARLET 111231 VERA DR JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Elizabeth House 286 NW Cutler Glen Lake Cy Fl 32055	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FPD DAIL, LYNDA 112450 BISCAYNE BLVD., #806 JACKSONVILLE, FL 32218	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Ed Powell 239 E Buffalo Rd, U-109 Palatka Fl. 32189	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CURL, ELIZABETH 2281 SE APACHE WAY LAKE CITY, FL 32025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD. BARBARA Wellman 196 Lige Branch LN Jacksonville Fl 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLIGAN, GAIL RT. 3 BOX 2015 NASHVILLE, GA 31639	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lee Edwards 101 Southern Oaks LN. Blackshear GA. 31516	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lee Edwards 6-4-07 912-801-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #