

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90018 030 ****61.25

40056040



03112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1822220 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	
LANZILLO, MARK S 13910 BRIDGEPORT DR TAMPA, FL 33625		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 DATE 3-13-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIE TAFT, ANNE			NAME	MITCHELL, BARBARA		
STREET ADDRESS	5110 CARROLLWOOD MEADOWS DR			STREET ADDRESS	14506 FARM HILLS		
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP	TAMPA, FL 33625		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESSINA, THOMAS			NAME	DENNIS, MITCHELL		
STREET ADDRESS	4916 HI VISTA CIR			STREET ADDRESS	14506 FARM HILLS		
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP	TAMPA, FL 33625		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SURIS, GARY			NAME	LANZILLO, DEBORAH		
STREET ADDRESS	14305 FARMINGTON BLVD			STREET ADDRESS	13910 BRIDGEPORT DR		
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP	TAMPA, FL 33625		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANZILLO, MARK			NAME			
STREET ADDRESS	13910 BRIDGEPORT DR			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, JOHN			NAME	TIM ZARBO		
STREET ADDRESS	14110 EASTLAND			STREET ADDRESS	14313 CHAPARELL		
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP	TAMPA FL 33625		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCARTHY, JENNIFER			NAME	KIM ZARBO		
STREET ADDRESS	14110 EASTLAND			STREET ADDRESS	14313 CHAPARELL		
CITY-ST-ZIP	TAMPA, FL 33625			CITY-ST-ZIP	TAMPA FL 33625		

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: DATE 3-13-07 DAYTIME PHONE # 813-960-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR