

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-14-2007 90069 039 ****61.25

66019303



04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1977414 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KRICK, JOHN H
701 ENTERPRISE RD E
704
SAFETY HARBOR, FL 34695

7. Name and Address of New Registered Agent

Name: CIANFRONE JOSEPH R
Street Address (P.O. Box Number is Not Acceptable):
1904 BAYSHORE BLVD
City: DUNEDIN FL Zip Code: 34698

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]

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/07

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	PTD	<input type="checkbox"/> Delete
NAME	DAVIES, WILLIAM	
STREET ADDRESS	2700 NEBRASKA AVENUE 3-201	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, LUTHER	
STREET ADDRESS	2700 NEBRASKA AVENUE 2-102	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'BRIEN, KAREN	
STREET ADDRESS	2700 NEBRASKA AVE. 5-202	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWDEN, ANITA J	
STREET ADDRESS	2700 NEBRASKA AVE. 2-206	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWEET, RUTH	
STREET ADDRESS	2700 NEBRASKA AVE 1-205	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTERS, SANDRA	
STREET ADDRESS	2700 NEBRASKA AVE 4-102	
CITY-ST-ZIP	PALM HARBOR, FL 34684	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P D	
STREET ADDRESS	WINTERS, LARRY	
CITY-ST-ZIP	2700 NEBRASKA AVE #4-102	
	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07

Date

Daytime Phone #