

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90080 041 ****61.25

40088460



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2077243 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

DEFURIO, JAMES R ESQ.
201 E KENNEDT BLVD
STE 1460
TAMPA, FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DESHARES, ED	
STREET ADDRESS	2309 GRENOBLE PL	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAMBERS, MARJORIE	
STREET ADDRESS	2305 GRENOBLE PL	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	GULLES, ANN	
STREET ADDRESS	2318 GRENOBLE PL	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DESCHAIRES, MARIE	
STREET ADDRESS	2309 GRENOBLE PL	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BODINE, RAY	
STREET ADDRESS	2313 GRENOBLE PL	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY POWERS	
STREET ADDRESS	2337 Gloucester Blvd	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deshaies, Ed	
STREET ADDRESS	2309 Grenoble Pl.	
CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deshaies, Ed	
STREET ADDRESS	2309 Grenoble Pl.	
CITY-ST-ZIP	Sun City Center, FL 33573	
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		

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: Maria Deshaies
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-08
Date Daytime Phone #