2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
02-15-2007 90039 036 ****61.25

DOCUMENT # 755293

1. Entity Name
GOOD SAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
14986 RIALTO AVE. BROOKSVILLE, FL 34613	14986 RIALTO AVE. BROOKSVILLE, FL 34613 US

02052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
601 PINEDALE CT.	601 PINEDALE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FL.	City & State: BRANDON FL.
Zip: 33511 Country: US	Zip: 33511 Country: US

4. FEI Number: 23-7242521 ☐ 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
BRADLEY, WARREN H 14986 RIALTO AVE. BROOKSVILLE, FL 34613	Name: William MAXWELL Street Address (P.O. Box Number is Not Acceptable): 601 PINEDALE CT. City: BRANDON FL Zip Code: 33511

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: William Maxwell - STATE DIRECTOR DATE: 2-5-07
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VOYTON, LINDA 7456 S FINALE PR HOMOSASSA, FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUEHLING, ROBERT 8015 LEMONWOOD DR. N. ELLENTON, FL 34222	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEBOLD, BONNIE 6265 BETTY AVE. COCOA, FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARY MURRAY 4436 Hamlin WAY Wimauma, FL. 33598	☐ 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
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: Linda Voyton LINDA VOYTON 2/10/07 813-220-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #