

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90074 030 ****61.25

20008269



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2173420

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, GEORGE
15922 CARROTWOOD CIR
DELRAY BEACH, FL 33484

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 **X**

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 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	T	<input type="checkbox"/> Delete
NAME	MONROE, JOE	
STREET ADDRESS	5300 BREADFRUIT CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, GEORGE	
STREET ADDRESS	15922 CARROTWOOD CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RIEGLER, DORIS	
STREET ADDRESS	5261 BREREFUIT CIR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5262 BREADFRUIT CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5261 BREADFRUIT CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDGLEY, BARBARA	
STREET ADDRESS	15934 CARROTWOOD CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARTARO, ALMA	
STREET ADDRESS	15939 CARROTWOOD CIRCLE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/07 561-499-6154