

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90208 046 \*\*\*\*61.25

60001129



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2135038  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

RYERSON, JUDITH C  
2960 - 59TH STREET SO. #301  
GULFPORT, FL 33707

## 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

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	P	<input type="checkbox"/> Delete
NAME	NAVARRO, EILEEN	
STREET ADDRESS	2101-54 ST SO	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLER, CATHERINE	
STREET ADDRESS	3010 - 59TH STREET SO.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CAROLYN, BROCK	
STREET ADDRESS	4814 CORONADO WAY SO.	
CITY-ST-ZIP	GULFPORT, FL 33711	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYERSON, JUDITH	
STREET ADDRESS	2960 - 59TH STREET SO.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLK, L. CAROL	
STREET ADDRESS	4700 TRADE WINDS DRIVE	
CITY-ST-ZIP	GULFPORT, FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAUGHTON, DONNA	
STREET ADDRESS	2813 - 54 ST SO	
CITY-ST-ZIP	GULFPORT, FL 33707	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, ROGER	
STREET ADDRESS	5314 - 28 AVE SO	
CITY-ST-ZIP	GULFPORT, FL 33707	
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		
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:

ROGER L TURNER 1/12/07 727-323-4885  
TREASURER  
Signature and typed or printed name of signing officer or director  
Date Daytime Phone #