## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90047 044 \*\*\*\*61.25

DOCL	JMEN	JT # 7	760236
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1. Entity Name



ASSOCIATION, INC.						
Principal Place 1010 S. CR 3 PIERSON, FL	3	Mailing Address P.O. BOX 36 BARBERVILLE, FL 32105	,	40060981		
	face of Business - No P.O. Box #	3. Mailing Address	r1001			
GIL E Suite, Apt.	INTL SPEED WAY BLVd	P O Box 2 Suite, Apt. #, etc.	51031	03473000		
·				03172008 Chg-NP CR2E037 (12/06)		
DE LA	ND FLORIDA	City & State HOLLY HILL	FLOR	4. FEI Number   Applied For   S9-2930968   Not Applicab	ole	
32 7 2	Country VSA		Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Registered Agent	$\exists$	
	KER, DANA			RODECT JACOB		
1010 S. CF PIERSON,			Street Add	tress (P.O. Box Number is Not Acceptable)		
			611	E INTERNATIONAL SPEED WAY BLVI	D	
- 1			City	DELAND FL 32724		
<ol><li>The above the obligati</li></ol>	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accep	pt	
	)/	/ //		11/2/65	- 1	
SIGNATURE	Math	ZA		9/1/08	Ì	
SIGNATURE	Signature, typed or printed name or registerpol agent ar	nd title if applicable. (NOTE: Regit	istered Agent signature	required when reinstating)  DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaig Trust Fund Contri	gn Financing _	\$5.00 May Be Added to Fees Florida Department of State		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Campaig Trust Fund Contri	gn Financing ibution.	\$5.00 May Be Added to Fees   Make check payable to Florida Department of State   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRI P JACOB, ROBERT	9. Election Campaig Trust Fund Contri	gn Financing ibution.	\$5.00 May Be Added to Fees	on I	
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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 AND TYPED OR PRINTED NAME OF SIGNING DEFICIR OR DIRECTOR

TERENCE C SOPPET 4-+ UB 386-767-3900
Date Daytime Phone #