

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90016 002 \*\*\*\*61.25

**60023899**



02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2246996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DUNE-ALLEN REALTY  
5200 WEST HWY. C-30A  
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	AUSTIN, ELLIS <i>PETE LITTLE</i>
STREET ADDRESS	<del>BOX 672</del> <i>2095 SPRINGLAKE DR NW</i>
CITY-ST-ZIP	<del>WETUMPKA, AL 36092</del> <i>ATLANTA GA 30305</i>
TITLE	<del>STD</del> <i>VICE PRESIDENT</i>
NAME	OSTNER, MAX
STREET ADDRESS	4101 GOODLETT PLACE
CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	<del>PD</del> <i>PRESIDENT</i>
NAME	HIGHTOWER, STEVEN DR
STREET ADDRESS	<del>6044 LAUREL ST.</del> <i>78656 TURNPIKE RD</i>
CITY-ST-ZIP	<del>NEW ORLEANS, LA 70143</del> <i>FOLSOM, CA 95637</i>
TITLE	VD
NAME	<del>STROOP, MARTHA</del> <i>SAM ARMARNO</i>
STREET ADDRESS	<del>2602 PROSPECT RD</del> <i>PO BOX 715</i>
CITY-ST-ZIP	<del>PULASKI, TN 38478</del> <i>JACKSONVILLE, AL 36265</i>
TITLE	D
NAME	<del>ANCITA, ROBERT</del> <i>JOE BOONE</i>
STREET ADDRESS	<del>1325 AMELIA ST.</del> <i>409 WELLINGTON COUN</i>
CITY-ST-ZIP	<del>NEW ORLEANS, LA 70116</del> <i>MEMPHIS TN 38117</i>
TITLE	P
NAME	<del>STROOP, MARK</del>
STREET ADDRESS	<del>180 HIGHLAND AVE</del>
CITY-ST-ZIP	<del>SANTA ROSA BEACH, FL 32459</del>

**DO NOT WRITE  
IN THIS SPACE**

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

*STEVEN I HIGHTOWER*

Date

Daytime Phone #