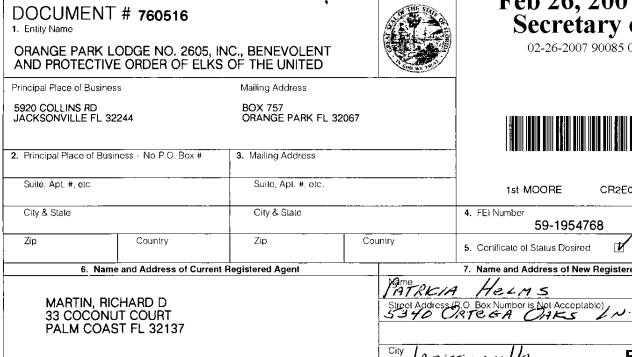
## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Zelms

Signature, typed or printed harne of registered agent and little if applicable

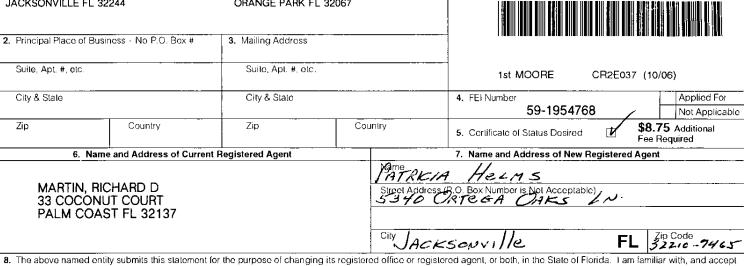
SIGNATURE VALUE

SIGNATURE:



## FILED Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90085 013 \*\*\*\*70 00



2-14-07

Daylime Phone #

FILE NOW: FEE IS \$61.25 Due By May 1, 2007		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS	/	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			10
NAME STREET ADDRESS CITY ST-ZIP	T MARTIN, RICHARD D 33 COCONUT COURT PALM COAST FL 32137	<b>I</b> De∣eld	HHH NAMIL STREET ADDRESS CHY ST ZIP	PATRICIA HEL 5340 ORTEGA JACKSONVIlle, 1	MS OAKS LN: -1. 31210.74	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHREE, RAYMOND 2666 MYRA ST JACKSONVILLE FL 32204-3518	☐ Delete	TITLE NAME SINTETADDRISS CBY ST ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	D BROADOUS, GARY 2061 RICHARD ROAD MIDDLEBURG FL 32068	<b>™</b> Delete	NAME STREET ADDRESS CITY SE ZIP	PAUL MAHLA 5055 SANIBEL JACKSONVIlle,	- De. FL. 32210	Change	Addition
TITLE NAME STREET ADDRESS CITY SI-ZIP	S HEINTZINGER, ART 1972 GREEN APPLE COURT ORANGE PARK FL 32073	☐ Defete	HITLE NAMI STRIFFADDRESS CHY SE ZIP		!	Change	Addition
TITLE NAME STREET ADDRESS CUTY-ST-ZIP	D BIRD, DAN P.O. BOX 57264 JACKSONVILLE FL 32241-7264	☐ Delete	MHT NAML STRIFFADDRESS CITY ST ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FINDEY, ALVIN 2837 CIRCLE RIDGE DR ORANGE PARK FL 32065	☐ Delete	NAME STRLET ADDRESS CHY ST ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.							

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(NOTE: Registered Agent signature required when reinstating)