

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90025 043 ****61.25

40036385



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2371486

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, OWEN
19925 GULF BLVD
507
INDIAN SHORES, FL 33785

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 NAME STREET ADDRESS CITY-ST-ZIP	T HILGERS, RICHARD L 6065 HIGH POINTE RD SHOREWOOD, MN 55331	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AUSTIN, OWEN 19925 GULF BLVD., 507 INDIAN SHORES, FL 33785	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZUCCOLO, LARRY 7108 PELICAN ISLAND DR TAMPA, FL 33634	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGLESTON, JIM 404 CHESTNUT ST. RIDLEY PARK, PA 19078	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESCANO, JAVIER 440 W DAVIS BLVD TAMPA, FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James J. Jackson 19925 Gulf Blvd., #403 Indian Shores, FL 33785	☐ Change ☒ Addition

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: *Richard L. Hilgers* RICHARD L. HILGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/07