

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

900000

[illegible]

03142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2581325	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, RAYMOND F JR  
348 MIRACLE STRIP PARKWAY SW  
PARADISE VILLAGE SUITE 7  
FORT WALTON BEACH, FL 32548

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

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHRIVER, SALLY	
STREET ADDRESS	4272 ARBOR CLUB DRIVE	
CITY - ST - ZIP	MARIETTA, GA 30066	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CANALE, SISSIE	
STREET ADDRESS	1594 PEABODY AVENUE	
CITY-ST-ZIP	MEMPHIS, TN 38104	

TITLE	STD	<input type="checkbox"/> Delete
NAME	RICE, SALLY	
STREET ADDRESS	3202 S DELAWARE PLACE	
CITY-ST-ZIP	TULSA, OK 74105	

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, KAREN	
STREET ADDRESS	93 TUPELO STREET	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PROCTOR, MARY F	
STREET ADDRESS	115 SHORELINE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Canale, Sissie		
STREET ADDRESS	1544 Peabody Avenue		
CITY-ST-ZIP	Memphis TN 38104		

TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Rice, Sally		
STREET ADDRESS	3202 S Delaware Place		
CITY-ST-ZIP	Fuller OK 74105		

TITLE	ST/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<del>Joe</del> Crookston, Jim		
STREET ADDRESS	2526 Mt. Vernon Road #B-313		
CITY-ST-ZIP	Atlanta GA 30338		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Redella, Bob		
STREET ADDRESS	23 Camden Road NE		
CITY-ST-ZIP	Atlanta GA 30309		

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:**

Sussie Canale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

Sissie Canale