2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 8:00 am Secretary of State **DOCUMENT #764607** 1. Entity Name 03-29-2007 90025 035 ****61.25 SOUTHEASTERN PROFESSIONAL STEWARDS ASSOCIATION, INC. Principal Place of Business Mailing Address 4003--C/O ELIZABETH N PAGE PO BOX 802 C/O ELIZABETH N PAGE 3965 RICHY ROAD MIMS, FL 32754 MIMS, FL 32754 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2379662 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIZABETH N PAGE JAMES, JOHN L. Street Address (P.O. Box Number is Not Acceptable) **ROUTE 1, BOX 17808** HAVANNA, FL 32333 Zip Code 3275 4 Mims 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. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition PAGE, ELIZABETH NAME NAME STREET ADDRESS 3965 RICHEY ROAD STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 CITY-ST-ZIP VD TITLE ☐ Change ☐ Addition TITLE ☐ Delete WILES, VICKIE NAME STREET ADDRESS 2507 RED MARSHALL ROAD STREET ADDRESS CITY-ST-ZIP PELHAM, NC 27311 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Change ☐ Addition HJDRT, ANDY NAME NAME STREET ADDRESS 9240 STYERS FERRY RD. STREET ADDRESS CLEMMONS, NC 27012 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MULVEY, JAIMIE MAME 24 LYNNSTONE COURT STREET ADDRESS STREET ADDRESS ASHEVILLE, NC 28805 CITY-ST-ZIP CITY-ST-7IP ASD ☐ Delete TITLE Change ☐ Addition TITLE PETERSON, BARBARA NAME STREET ADDRESS 18822 BOYSRANCH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTOONA, FL 32702 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Male Male JAME Molis SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Laurie

FILED

164607 March 3, 2007

A few days ago we mailed in this same form, but forgot to enclose the check. Jaimie Mulvey