

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 765632	
1. Entity Name FAIRVIEW PARK, INC.	

Principal Place of Business 7135 FAIRVIEW PARK DR 17 & 18 TAMPA FL 33619	Mailing Address 7135 FAIRVIEW PARK DR 17 & 18 TAMPA FL 33619
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number NO-T APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
STEVENSON, RASHEEDAH 7135 FAIRVIEW PARK DR TAMPA FL 33619	

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 _____ (NOTE: Registered Agent signature must be witnessed with notary stamp) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAFFNEY, K.C. 1902 SHANNONO WOOD CT BRANDON FL 33510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAFFNEY, BETTY 1902 SHANNONO WOOD CT BRANDON FL 33510 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, KIMBERLY 7125 FAIRVIEW PK TAMPA FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENSON, RASHEEDAH 7135 FAIRVIEW PARK DR. TAMPA FL 33619-1153 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GAFFNEY, BETTY J 7109 FAIRVIEW PARK DR. TAMPA FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REASONER, STEPHINE 7121 FAIRVIEW PK DR TAMPA FL 33619 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000930397 05/21/08-80108-005 61.25
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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-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 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: *Rasheedah Stevenson* **1-28-08-813-622-8968**