

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90022 008 \*\*\*\*61.25

**60024193**



04112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1675919

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GOTTFRIED, WILLIAM E ESQ.  
1435 GULF-TO-BAY BLVD.  
STE. C  
CLEARWATER, FL 33755-5315

## 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, 2008**

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	PTD	<input type="checkbox"/> Delete
NAME	GOTTFRIED, WILLIAM E	
STREET ADDRESS	1435 GULF-TO-BAY BLVD., STE. C	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MARTIN	
STREET ADDRESS	1435 GULF TO BAY BLVD., SUITE D	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANKLIN, PAUL	
STREET ADDRESS	1433 GULF TO BAY BLVD., SUITE G	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedman, Martin	
STREET ADDRESS	1435 Gulf to Bay Blvd. Suite D	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franklin, Paul	
STREET ADDRESS	1433 Gulf to Bay Blvd. Suite G	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 any other like empowered.

SIGNATURE: W E Gottfried  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 (727) 462-5592  
Date Daytime Phone #