

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90009 001 ***140.00

66021903



09062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2478619	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANNA, EDWARD H JR
10301 SW 145 STREET
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SPENCER, ROBERT
STREET ADDRESS	10875 S. W. 216 STREET
CITY - ST - ZIP	MIAMI, FL

TITLE	VC
NAME	LAWRENCE, SARAH
STREET ADDRESS	10470 SW 170 STREET
CITY - ST - ZIP	MIAMI, FL 33157

TITLE	S
NAME	WEBB, LINDA
STREET ADDRESS	10461 SW 177 ST
CITY - ST - ZIP	MIAMI, FL

TITLE	D
NAME	LAWRENCE, HENRY
STREET ADDRESS	10480 SW 171ST ST.
CITY - ST - ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Spencer - Chairman 09/03/07 (305) 252-0129

Date

Daytime Phone #