

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

DOCUMENT # 766541

Mailing Address  
6783 DUCKWEED ROAD  
LAKE WORTH, FL 33467 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

04172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3183407

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWINDAL, AUDREY R.  
1225 S. FIRST AVENUE  
BARTOW, FL 33830

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, 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

TITLE	T	<input type="checkbox"/> Delete
NAME	OWENS, NANCY L	
STREET ADDRESS	6783 DUCKWEED ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	BISNETT, MARCIA	
STREET ADDRESS	17981 NW 5 AVE.	
CITY-ST-ZIP	MIAMI, FL 331694316	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REGAN, KATHIE	
STREET ADDRESS	1889 PARADISE LANE	
CITY-ST-ZIP	CLEARWATER, FL 33756	

TITLE	<del>P</del>	<input type="checkbox"/> Delete
NAME	MINNO, MARIA	
STREET ADDRESS	600 NW 35 TERR	
CITY - ST - ZIP	GAINESVILLE, FL 32607	

TITLE	<del>PE</del>	<input type="checkbox"/> Deleted
NAME	WIECHMANN, FRED	
STREET ADDRESS	1111 FOREST PRK ST	
CITY-ST-ZIP	LAKELAND, FL 33803	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOLLY GENZEN		
STREET ADDRESS	32523 CRYSTAL BREEZE LANE		
CITY - ST - ZIP	1 EESBURG, FL 34788		

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		

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

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

TITLE	PRESIDENT ELECT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LORI HAYNES		
STREET ADDRESS	3881 DIXIE ROSS ST.		
CITY-ST-ZIP	STUART, FL 34997		

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. NAN OWENS

SIGNATURE + TYPED - OFFICER

04/25/07 561-790-0064

DATE \_\_\_\_\_

PHONE