

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90397 021 \*\*\*\*70.00

40007100



04022008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-0196695**

Applied For	
Not Applicable	

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

**6. Name and Address of Current Registered Agent**

PHILLIPS, WILLIAM C  
225 W. WALKER DR.  
KEYSTONE HEIGHTS, FL 32656

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VD	<input type="checkbox"/> Delete
NAME	HASTINGS, ANGUS	
STREET ADDRESS	17188 NE 45TH AVENUE ROAD	
CITY - ST - ZIP	CITRA, FL 32113	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, KELLY R JR	
STREET ADDRESS	1526 HWY 17 NORTH	
CITY - ST - ZIP	BOSTWICK, FL 32007	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MULLINS, ROBERT S	
STREET ADDRESS	10334 SE STATE RD. 100	
CITY - ST - ZIP	STARKE, FL 32091	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALPHURS, THOMAS L	
STREET ADDRESS	17216 N.W. 262 AVE.	
CITY - ST - ZIP	ALACHUA, FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CEDRICK M JR	
STREET ADDRESS	108 NE 6TH AVE	
CITY - ST - ZIP	WILLISTON, FL 32696	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GNANN, FLOYD	
STREET ADDRESS	4138 EVERETT AVENUE	
CITY - ST - ZIP	MIDDLEBURG, FL 32068	

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

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V/D	<input checked="" 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 all other like empowered.

SIGNATURE: *William C. Phillips* **4/18/08** **352-473-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

## ATTACHMENT

40087106

#790272

10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	T/D Change X Addition
7.2 NAME		7.2 NAME	Dean, Laura G
7.3 ADDRESS		7.3 ADDRESS	6461 Baker Rd
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Keystone Heights, FL 32656
8.1 TITLE		8.1 TITLE	D Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12828 S Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, FL 32640
9.1 TITLE		9.1 TITLE	D Change X Addition
9.2 NAME		9.2 NAME	Whitehead Jr, John Henry
9.3 ADDRESS		9.3 ADDRESS	10320 NE 207th Lane
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, FL 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, FL 32656