## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of tregistered agent.  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2008  Trust Fund Contribution.  OFFICERS AND DIRECTORS  TRUST Fund Contribution.  TOPPOMPAND BEACH, FL 330663857  TRUST POMPAND BEACH, F		MENT # C10210 e DOGE NO: 119 FREE AND A IDA	s			0188 038 ****6			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   Suite, Apt. #, etc.   O4292008   Chg-NP   CR2E037 (12/06)	ROY CONNOR SHEPPARD ROY CONNOR SHEPPARI 220 OCEAN ST 220 OCEAN ST				1 1001001 1101/181/1	0110 IVON MEM OUM G			
City & State  Ci	Principal Place of Business - No P.O. Box #     3.		3. Mailing Address	3. Mailing Address			1411 BABA BABA BABA 11811 BU		
23-7215359   Not Applicate   SR.75 Additional   S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292008 Ch	g-NP	CR2E037 (12/06)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  SHEPPARD, ROY CONNOR 220 OCEAN STREET  JACKSONVILLE, FL 32202  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  Filling Fee is \$61.25  Due by May 1, 2008  Trust Fund Contribution.  OFFICERS AND DIRECTORS  TILE  INMA  MASSEY, LEONARD W  SIRRET ADDRESS  OITY-ST-2IP  MAYO, FL 32066  MCCRAY, WILLIAM C  SIRRET ADDRESS  OITY-ST-2IP  MAYO, FL 320660347  MAYO, FL 320660347  TIRE TO BEISE ADDRESS  OITY-ST-2IP  MAYO, FL 320660347	City & State		City & State			<del></del>	<del></del>	oplied For ot Applicable	
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SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202  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  Filling Fee is \$61.25  Due by May 1, 2008  Filling Fee is \$61.25  Filling Fee		6. Name and Address of Current I	Registered Agent		7. Name and Addr	ess of New Reg	gistered Agent		
TITLE WMD MASSEY, LEONARD W SIREET ADDRESS CITY-ST-ZIP MAYO, FL 320660347    Control of the property of the pr	SHEPPARD, ROY CONNOR 220 OCEAN STREET			Lynn, 220 O Jackso	Lynn, Richard Edward  220 Ocean Street  Jacksonville, Florida 32202				
TITLE WMD ASSEY, LEONARD W SIREET ADDRESS SYD DEACH, FL 32066  TITLE SYD DEBT DEBT DEBT DEBT DEBT DEBT DEBT DEB	the obligat	ions of registered agent.	El			he State of Florio	da. I am familiar with	and accept	
MASSEY, LEONARD W SIREET ADDRESS S17 NW OAKLAND RD CITY-ST-ZIP POMPANO BEACH, FL 330663857  TITLE SWD NAME HAMLIN, CURTIS O PO BOX 561 CITY-ST-ZIP MAYO, FL 32066  TITLE TD NAME MCCRAY, WILLIAM C STREET ADDRESS CITY-ST-ZIP MAYO, FL 320660347  Delete Troyet Revels Jr Alfred Troyet Revels Jr RR.:2. Box 949 WORSHIPFUL MASTER (D) Change Additional in Properties Selection and Change Additional									
MASSEY, LEONARD W SIREET ADDRESS S17 NW OAKLAND RD CITY-ST-ZIP POMPANO BEACH, FL 330663857  TITLE SWD NAME HAMLIN, CURTIS O PO BOX 561 CITY-ST-ZIP MAYO, FL 32066  TITLE TD NAME MCCRAY, WILLIAM C STREET ADDRESS CITY-ST-ZIP MAYO, FL 320660347  Delete Troyet Revels Jr Alfred Troyet Revels Jr RR.:2. Box 949 WORSHIPFUL MASTER (D) Change Additional in Properties Selection and Change Additional	10.								
NAME HAMLIN, CURTIS O STREET ADDRESS CITY-ST-ZIP MAYO, FL 32066  TITLE TD Delete NAME MCCRAY, WILLIAM C STREET ADDRESS CITY-ST-ZIP MAYO, FL 320660347  CURTIS O'Donald Hamlin F'O'Box 551  Mayo FL 32066-0551  TITLE NAME STREET ADDRESS CITY-ST-ZIP MAYO, FL 320660347		OFFICERS AND DIF	L RECTORS	Lia Language		9 TO THE CERS			
TITLE         TD         Delete         TITLE         Change         Addition           NAME         MCCRAY, WILLIAM C         NAME           STREET ADDRESS         P.O. BOX 347 N/A         STREET ADDRESS           CITY-ST-ZIP         MAYO, FL 320660347         CITY-ST-ZIP	NAME STREET ADDRESS	WMD MASSEY, LEONARD W 317 NW OAKLAND RD	☐ Delete	Alfred Tr	ARDENGICHANGS Toyet Reve < 949	<u>ajogr:cens</u> 1z Jr	S AND DIRECTORS I	V 10	
	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WMD MASSEY, LEONARD W 317 NW OAKLAND RD POMPANO BEACH, FL 3306638 SWD HAMLIN, CURTIS O PO BOX 561	Delete	Alfred Tr RR.:2x  Box Mayo FL : WORSHIPFL Curtis Of POO(Box S	ARDEN GICHANGS OYET REVE 949 32066-9620 JL MASTER Donald Har	ls Jr (D)	S AND DIRECTORS I!	V 10	
TITLE JWD Delete TITLE Change Addition  NAME HAMLIN, WILLIAM C NAME  STREET ADDRESS 398 NE HOWARD A HAMLIN LN STREET ADDRESS  CITY-ST-ZIP MAYO, FL 320665426 CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WMD MASSEY, LEONARD W 317 NW OAKLAND RD POMPANO BEACH, FL 3306638 SWD HAMLIN, CURTIS O PO BOX 561 MAYO, FL 32066 TD MCCRAY, WILLIAM C P.O. BOX 347 N/A	Delete	Alfred Tr RR.:2x   Box Moyo FL 3 WORSHIPFL Curtis O' P'O'Box S Moyo FL 3 TITLE NAME STREET ADDRESS	ARDEN GICHANGS OYET REVE 949 32066-9620 JL MASTER Donald Har	ls Jr (D)	S AND DIRECTORS I! Change	N 10 Addition	
TITLE         S         Delete         TITLE         Change         Addition           NAME         WINBURN, WAYNE R JR         NAME         NAME           STREET ADDRESS         P O BOX 1403         STREET ADDRESS           CITY-ST-ZIP         MAYO, FL 320661403         CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WMD MASSEY, LEONARD W 317 NW OAKLAND RD POMPANO BEACH, FL 3306638 SWD HAMLIN, CURTIS O PO BOX 561 MAYO, FL 32066 TD MCCRAY, WILLIAM C P.O. BOX 347 N/A MAYO, FL 320660347 JWD HAMLIN, WILLIAM C 398 NE HOWARD A HAMLIN LN	Delete  Delete  Delete  Delete	Alfred Tr RR.:2.   Bor Moyo FL : WORSHIPFL Ourtis O' P'O'Box S Moyo FL : TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARDEN GICHANGS OYET REVE 949 32066-9620 JL MASTER Donald Har	ls Jr (D)	S AND DIRECTORS II Change Change	Addition	
TITLE  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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	WMD MASSEY, LEONARD W 317 NW OAKLAND RD POMPANO BEACH, FL 3306638 SWD HAMLIN, CURTIS O PO BOX 561 MAYO, FL 32066 TD MCCRAY, WILLIAM C P.O. BOX 347 N/A MAYO, FL 320660347 JWD HAMLIN, WILLIAM C 398 NE HOWARD A HAMLIN LN MAYO, FL 320665426 S WINBURN, WAYNE R JR P O BOX 1403	Delete  Delete  Delete  Delete	Alfred Ti RR.:2.   BOD MOYO FL   WORSHIPFL OUTTIS OF PHOYOUTES ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	ARDEN GICHANGS OYET REVE 949 32066-9620 JL MASTER Donald Har	ls Jr (D)	S AND DIRECTORS II Change Change	Addition  Addition	

12. Thereby certify that the information supplied with this mining does not quality but the exemptions contained in Chapter 119, Fiorida Statutes. Floring that in 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 orath; that I am a proficer 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

Date Daytim