

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # M73922



Mailing Address

4927 ANTIOCH RD.  
CRESTVIEW FL 32536

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

Applied For
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Not Applicable
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### 5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

See below

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 reinstalling)

CATE

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐


**\$5.00** May Be  
Added to Fees


10. OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	VD	<input checked="" type="checkbox"/> Deleted
NAME	MURPHY, OLIVER W	
STREET ADDRESS	109 SHELL DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32576	

TITLE	STD	<del>X</del> Delete
NAME	CUNNINGHAM, CECELIA	
STREET ADDRESS	665 RIDGELAKE RD	
CITY-ST-ZIP	CRESTVIEW FL 32536	

TITLE	D	 Delete
NAME	CHAMBERLAIN, HENRY	
STREET ADDRESS	810 VALLEY RD	
CITY - ST - ZIP	CRESTVIEW FL 32539	

TITLE	D	 Delete
NAME	HEILER, FRED	
STREET ADDRESS	104 GOLF COURSE DR	
CITY - ST - ZIP	CRESTVIEW FL 32536	

TITLE	McWaters, Audrey	PP	DATE
NAME	112 Par Court		
STREET ADDRESS	Crestview, FL 32536		
CITY - ST - ZIP			

TITLE	Bill Beard	VPD	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS	5625 Apache Rd		
CITY - ST - ZIP	Crestview, FL 32536		

FILE NAME	James Yagow STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	638 N. Ferdon Blvd		
CITY - ST - ZIP	Crestview, FL 32536		

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

Terry Thomas D

314 Country Club Dr

Crestview, FL 32536

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	

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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

Dr.

Devil's Phone #