

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 006 ****61.25

40067371



04082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2440699 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DZURAK, JOHN S
23232 ABRADIE AVE.
PORT CHARLOTTE, FL 33980

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, 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 **P** ☒ Delete
NAME **VERSHNIK, PAUL**
STREET ADDRESS **17353 LAKE WORTH BLVD.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE **D** ☐ Delete
NAME **DZURAK, JOHN**
STREET ADDRESS **23232 ABRADIE AVE.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **D** ☐ Delete
NAME **FRANCIS, RANDY**
STREET ADDRESS **222 SOURSOP**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☒ Delete
NAME **CRAVENS, SUSAN**
STREET ADDRESS **22408 VIA VENTO DR.**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☒ Delete
NAME **BOSWELL, JUDY**
STREET ADDRESS **3543 DILEUCA STREET**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DP FRANCIS, RANDY**
STREET ADDRESS **222 SOURSOP**
CITY-ST-ZIP **PUNTA GORDA, FLORIDA 33950**

TITLE ☐ Change ☒ Addition
NAME **ADAIR, ROBIN**
STREET ADDRESS **2714 DEBONATH DRIVE**
CITY-ST-ZIP **PUNTA GORDA, FLORIDA 33950**

TITLE ☐ Change ☒ Addition
NAME **WALSH, ILONA**
STREET ADDRESS **93 VIVANTE BLVD. #9325**
CITY-ST-ZIP **PUNTA GORDA, FLORIDA 33950**

TITLE ☐ Change ☐ 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:

John S Dzurak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S Dzurak, DIRECTOR
Date

(941) 639-1601
Daytime Phone #