

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90825 011 ****61.25

40092416



04252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3641121

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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	CRAWFORD, KAREN	
STREET ADDRESS	1406 S MOODY AVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVIS, TOM	
STREET ADDRESS	236 1ST STREET	
CITY-ST-ZIP	TIERRA VERDE, FL 33715	
TITLE	T	<input type="checkbox"/> Delete
NAME	STUDER, DONNA	
STREET ADDRESS	5309 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	T	<input type="checkbox"/> Delete
NAME	HESS, JIM	
STREET ADDRESS	2859 BAYSHORE TRAILS DR	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	T	<input type="checkbox"/> Delete
NAME	COVINGTON, JOYCE	
STREET ADDRESS	702 W BAY ST., #B	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, DAVID	
STREET ADDRESS	3609 WEST LYKES AVE	
CITY-ST-ZIP	TAMPA, FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Smith, Rick
STREET ADDRESS	4117 W W Swann Avenue
CITY-ST-ZIP	Tampa, FL 33609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

813-253-5388

ATTACHMENT
40092416
#N00000002812

11. Continued

T

Courtney Buell
4506 W Watrous Avenue
Tampa, FL 33629

Addition

T

Chad Harrod
1212 S Albany Avenue
Tampa, Fl 33606

Addition

T

Brian Wade
520 S Armenia Avenue #1229B
Tampa, FL 33609

Addition