

FILED

May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 044 ****61.25

50001557



04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3654715Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806Name
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, 20079. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME KELLY, COLLEEN ☒ Delete
STREET ADDRESS 918 PALM OAK DR
CITY-ST-ZIP APOPKA, FL 32712TITLE VD
NAME Lawrence, Crystal ☒ Change ☐ Addition
STREET ADDRESS 842 Palm oak Dr
CITY-ST-ZIP APOPKA, FL 32712TITLE SD
NAME WHITNEY, NANCE ☐ Delete
STREET ADDRESS 443 WEKIVA PRESERVE DR
CITY-ST-ZIP APOPKA, FL 32712TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PD
NAME LAWRENCE, CRYSTAL ☒ Delete
STREET ADDRESS 842 PALM OAK DR.
CITY-ST-ZIP APOPKA, FL 32712TITLE PD
NAME Griffin, Barbara ☒ Change ☐ Addition
STREET ADDRESS 849 Palm Oak Drive
CITY-ST-ZIP APOPKA, FL 32712TITLE TD
NAME MAY, MEL ☐ Delete
STREET ADDRESS 385 CHINA HILL CRT
CITY-ST-ZIP APOPKA, FL 32712TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Barbara Griffin Barbara Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5-4-2007 407-464-3710
Date Daytime Phone #