

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90017 038 ****61.25

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04232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3654715

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806

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 VD
NAME LAWERENCE, CRYSTAL ☐ Delete
STREET ADDRESS 842 PALM OAK DR.
CITY-ST-ZIP APOPKA, FL 32712

TITLE SD
NAME WHITNEY, NANCE ☒ Delete
STREET ADDRESS 443 WEKIVA PRESERVE DR
CITY-ST-ZIP APOPKA, FL 32712

TITLE PD
NAME GRIFFIN, BARBARA ☐ Delete
STREET ADDRESS 849 PALM OAK DRIVE
CITY-ST-ZIP APOPKA, FL 32712

TITLE TD
NAME MAY, MEL ☐ Delete
STREET ADDRESS 385 CHINA HILL CRT
CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☐ Change ☒ Addition
NAME EDGAR LANE
STREET ADDRESS 474 WEKIVA PRESERVE DRIVE
CITY-ST-ZIP APOPKA FLORIDA 32712

TITLE ☒ Change ☐ Addition
NAME GRIFFIS, BARBARA
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME MAL
STREET ADDRESS JIM GRUMBERG
CITY-ST-ZIP 434 CHINA HILL COURT
APOPKA FL. 32712

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08 407-814-2250