

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 MAY 30 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3684189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANCUSO, JOSEPH S
108 FAIRLANE CIR
SANFORD, FL 32773

7. Name and Address of New Registered Agent

Name DAVID H. NORTON
Street Address (P.O. Box Number is Not Acceptable)
4253 Meeting Place
City Sanford FL Zip Code 32773

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 David H. Norton Daniel H. Norton 5/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	PO	<input type="checkbox"/> Delete
NAME	NORTON, DAVID H	
STREET ADDRESS	4253 MEETING PLACE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MANCUSO, JOSEPH	
STREET ADDRESS	108 FAIRLANE CIR	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORSER, DON	
STREET ADDRESS	3749 SIPES AVE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WYNN, ROBERT C	
STREET ADDRESS	222 VOLUSIA AVE	
CITY-ST-ZIP	LAKE HELEN, FL 32744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID H. NORTON	
STREET ADDRESS	4253 MEETING PLACE	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY P. MORRISSEY	
STREET ADDRESS	435 ASCOT CT.	
CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	BEA D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN C. WYNN	
STREET ADDRESS	2103 SPRUCE STREET	
CITY-ST-ZIP	DELAND, FL 32724	
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		

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: David H. Norton DAVID H. NORTON 5/14/08 407/324-0701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #