

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90037 010 ****70.00

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01052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3685839 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGUIRE, TERRY J.
1071 DONEGAN RD #1437
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name **David Konnerth**
Street Address (P.O. Box Number is Not Acceptable)
6950 46th Ave N, #20
City **St. Petersburg** FL Zip Code **33709**

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 M K - David Konnerth, Treasurer 3-15-07
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	PCMD	<input type="checkbox"/> Delete
NAME	MCGUIRE, TERRY J	
STREET ADDRESS	1071 DONEGAN RD #1437	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KONNERTH, DAVID S	
STREET ADDRESS	6950 46TH AVE., N. #20	
CITY-ST-ZIP	ST. PETERSBURG, FL 337103474	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, CAROL	
STREET ADDRESS	2101 SUNSET POINT RD #201	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINDEMAN, PAM	
STREET ADDRESS	10901 BRIGHTON BAY BLVD NE #5212	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOSEPH	
STREET ADDRESS	306 N JUPITER AVE	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Founder / President Emeritus	<input checked="" 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pam Lindemann	
STREET ADDRESS	6645 82nd Terrace N	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Russo, Sr.	
STREET ADDRESS	1071 Donegan Rd #1437	
CITY-ST-ZIP	Largo, FL 33771	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marianne Zanone	
STREET ADDRESS	2942 West Bay Dr. #1	
CITY-ST-ZIP	Belleair Bluffs, FL 33770	

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: Pamela J. Lindemann Pamela J. Lindemann, President 3-15-07 727-54-6015
Signature and typed or printed name of signing officer or director Date Daytime Phone #