

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 010 ****61.25

40041467



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3757990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOREHAND, MARIE
6640 103RD STREET
JACKSONVILLE, FL 32210

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 Shirley Holland, Agent Shirley Holland, Agent 3-21-07
Signature, typed or printed name of registered agent and title 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	P	<input checked="" type="checkbox"/> Delete
NAME	HULL, ROBERT	
STREET ADDRESS	5637 CHIRPING WAY W	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRAM, JOHN	
STREET ADDRESS	5670 CHIRPING WAY W	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOK, DENISE	
STREET ADDRESS	5661 CHIRPING WAY W	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEITZ, LAUREN	
STREET ADDRESS	5718 BIRDS NEST LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
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	<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
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STREET ADDRESS	
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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: John C. Stram 3-22-07
Signature and typed or printed name of signing officer or director Date Daytime Phone #