2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

5344 MALDIVE AVE.

ROSENBERG, IRWIN

SULFRIDGE, ALBERT

5344 MALDINE AVE

ALAIMO, JOSEPH

7487 ALOW DRIVE

SPRING HILL, FL 34606

SPRING HILL, FL 346072420

SPRING HILL, FL 346061133

FILED Mar 12, 2007 8:0

Mar 12, 2007 8:00 am Secretary of State

☐ Change

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1. Entity Nam	MENT # N01000002 . DALEY DET. 1002, MARII		03	3-12-2007 9008	86 014 ****70.0)0		
Principal Place 3435 SHOAL VFW POST 92 SPRING HILL,	LINE BLVD 236	Mailing Address POB 5067 SPRING HILL, FL	34611-5067		1 (13 ma) an 1317		1	
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address	illing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			hg-NP C	R2E037 (12/06)	
City & State		City & State			4. FEI Number 59-3711832			pplied For at Applicable
Zip	Country	Zip	Coul	ntry	5. Certificate of St	atus Desired	\$8.75 Add Fee Required	litional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Regis	tered Agent	
HERNAND 8. The above	PISH AVENUE OD BEACH, FL 34607 named entity submits this statement for ions of registered agent.	r the purpose of changi	ing its registere	City	ess (P.O. Box Number is		FL Zip Code	
	Signature, typed of printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature re	equired when reinstating)	· ·	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007		on Campaign Fi Fund Contribution		\$5.00 May Be Added to Fees		check payable to Department of St	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, FRANK 3391 JEWFISHAVE HERNANDO BEACH, FL 34607	⊠ Delete	NAME STREE	. 1'/	o toman, Les 1376 Broad	Street (u	© Change 5 41)	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOMAN, LES 7376 BROAD STREET (US 41) BROOKSVILLE, FL 34601	∑ Defete	NAME STREE	TADDRESS 3	D nderson, Frank 1391 Jew fish Vernandez Be	. Av∈	© Change	Addition
TITLE NAME	TD SULFRIDGE, BARBARA	☐ Delete	TITLE	I			Change	Addition

STREET ADDRESS
CITY-ST-ZIP
SPRING HILL, FL 346065312

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.

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SIGNATURE:	Barbara	Sultridge	Barbara	Sulfridge	3-08-C7	351 686 2186
_	SIGNATURE AND	TYPED OR PRINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	0	Date	Daytime Phone #