

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 20 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0531379

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARBER, CLAUDETTE
1543 BREAMSTONE RIDGE
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name David Eggleston
Street Address (P.O. Box Number is Not Acceptable)
4517 Bowfin Dr
City Tallahassee FL Zip Code 32303

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 EGGLESTON

200101350002
05/03/07--01014--023 ***70.00
4/20/07

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	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, CLAUDETTE	
STREET ADDRESS	1543 BREAMSTONE RIDGE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, LOUISE	
STREET ADDRESS	1543 BREAMSTONE RIDGE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGGLESTON, DAVID	
STREET ADDRESS	1543 BREAMSTONE RIDGE	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Tynes	
STREET ADDRESS	2096-D Battle Mountain Road	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	Louise Patterson Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louise Patterson	
STREET ADDRESS	610 Laura Lee Avenue	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID Eggleston	
STREET ADDRESS	4517 Bowfin Dr	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Eggleston	
STREET ADDRESS	4517 Bowfin Dr	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rohnetta Fennell	
STREET ADDRESS	1013 Mohican Trail	
CITY-ST-ZIP	Tallahassee, FL 32317	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harriet Moore	
STREET ADDRESS	1411 Kingsford Avenue	
CITY-ST-ZIP	Tallahassee, FL 32301	

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07

Date

Daytime Phone #

4/20/07