

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90026 001 ****61.25

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02162007 Chg-NP CR2E037 (12/06)

4. FEI Number
71-6933154
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STINSON, STEVEN W
5494 CHARLES SAMUEL DR.
TALLAHASSEE, FL 32308

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DIR	STINSON, STEVEN W	5494 CHARLES SAMUEL DR.	TALLAHASSEE, FL 32309	<input type="checkbox"/>
DIR	KEELS, THOMAS	2297 TALLAHASSEE DR.	TALLAHASSEE, FL 32309	<input type="checkbox"/>
DIR	SIMPSON, CHARLES E JR	5713 COUNTRY SIDE DR.	TALLAHASSEE, FL 32311	<input type="checkbox"/>
PRES	SCIBELLI, MICHAEL J	3005 TRESTWICK WAY	TALLAHASSEE, FL 32312	<input type="checkbox"/>
SEC	ERVIN, JAMES M JR.	6245 ROLLING HILLS DRIVE	TALLAHASSEE, FL 32309	<input type="checkbox"/>
TREA	DALTON, MICHAEL J	118 NORTHWOOD LANE	CRAWFORDVILLE, FL 32327	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	TAYLOR, STEVE M	8725 OLD BAINBRIDGE RD.	TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	GRIFFITH, DAVID B	1304 ELEANOR DRIVE	TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	SCIBELLI, MICHAEL J	3005 TRESTWICK WAY	TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL J SCIBELLI 24/07 850 575-1800