

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90104 015 ****61.25

00044314



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1789390

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FULAYTAR, GERALD W
3693 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

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	VD	<input type="checkbox"/> Delete
NAME	BECKER, ALICE	
STREET ADDRESS	3591 U.S. HWY 90	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DRAPER, LINDA	
STREET ADDRESS	229 DOLPHIN DR	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNE, SUE	
STREET ADDRESS	356 WHITFIELD RD	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FULAYTAR, GERALD W	
STREET ADDRESS	3693 COY BURGESS LOOP	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, ROGER	
STREET ADDRESS	69 CANAL ST	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FORBERG, MELISSA	
STREET ADDRESS	5756 HWY 1087	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ALICE	
STREET ADDRESS	9321 STATE HWY 20 WEST	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOD, LAURIE	
STREET ADDRESS	959 WHITFIELD RD	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIEME, CANDACE	
STREET ADDRESS	153 PITCHER WAY	
CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETCHERSID, JODI	
STREET ADDRESS	3801 MISTY WAY	
CITY-ST-ZIP	DESTIN, FL 32541	
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		

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

GERALD W. FULAYTAR

MARCH 9, 2007 (850) 892-0103

Date

Daytime Phone #