

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008492

Entity Name: FLORIDA FORESIGHT, INC.

FILED  
Feb 02, 2007  
Secretary of State

## Current Principal Place of Business:

1329 COASTAL HIGHWAY  
PANACEA, FL 32346

## New Principal Place of Business:

1327 COASTAL HIGHWAY  
PANACEA, FL 32346

## Current Mailing Address:

PO BOX 896  
PANACEA, FL 32346

## New Mailing Address:

FEI Number: 80-0002371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOWRIE, THEODORE W  
175 GERTIE BROWN ROAD  
SOPCHOPPY, FL 32358 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PORTWOOD, PAM  
Address: 1184 LOWER BRIDGE ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete  
Name: CARROLL, IVANHOE  
Address: 50 SIMMONS COURT  
City-St-Zip: OCHLOCKONEE BAY, FL 32346

Title: SECR ( ) Delete  
Name: JOHNSON, PAUL  
Address: 537 HICKORYWOOD DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TREA ( ) Delete  
Name: FRIEDMAN, MICHAEL  
Address: 8 JER-B-LOU BLVD  
City-St-Zip: PANACEA, FL 32346

Title: D ( ) Delete  
Name: LESH, DONALD R  
Address: 2489 SURF ROAD  
City-St-Zip: OCHLOCKONEE BAY, FL 32358

Title: D ( ) Delete  
Name: DELANEY, MICHAEL W  
Address: 23 KNOTTY PINE  
City-St-Zip: PANACEA, FL 32346

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA (X) Change ( ) Addition  
Name: TURNER, SUSAN PAYNE  
Address: 2932 CRAWFORVILLE HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE W. LOWRIE

RA

02/02/2007

Electronic Signature of Signing Officer or Director

Date