


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90007 020 \*\*\*\*70.00

<b>DOCUMENT # N02000000231</b> 1. Entity Name COMMUNITY OF GRATITUDE, INC.					
Principal Place of Business 12361 SE 132ND TERRACE OCKLAWAHA, FL 32179			Mailing Address PO BOX 2021 OCKLAWAHA, FL 32183		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>30-0025921</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  REVITZ, CECILIA B 15471 SE 175H ST WEIRSDALE, FL 32195  <div style="text-align: center; font-size: 1.2em;">- NO CHANGE</div>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> 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 <u>CECELIA B. REVITZ</u> - PRESIDENT <u>3/26/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, DAN 14430 SE HWY 42 WEIRSDALE, FL 32195	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DAN SANFORD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVITZ, CECILIA B 15471 SE 175TH STREET OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOODWARD, CHARLES 833 BOLIVAR ST LADY LAKE, FL 32159	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VICE PRESIDENT</del> BOB LIPSNEZ 4255 S.E. 120 LOOP SUMMERFIELD FLA. 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHRYVER, CLEMENT G 12576 SE 97TH TERRACE R SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> MARILYN HUGHES 5248 A FAIRWAY CIRCLE OCALA FL. 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUMET, FRANCES 12588 SE 143RD COURT OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TREASURER</del> FRANCES JUMET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JENNIFER 16915 SE 100TH COURT SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
<b>SIGNATURE:</b> <u>FRANCES JUMET</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/26/2008</u> <small>Date</small>		<u>352-288-1163</u> <small>Daytime Phone #</small>