

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 045 ****61.25

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03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3266020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COSTANTINO, FRANK B
2001 MERCY DRIVE
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name Lowman, William R Jr.
Street Address (P.O. Box Number is Not Acceptable)
1000 Legion Place, Ste 1700
City Orlando FL Zip Code 32801

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 William R. Lowman, Jr. DATE 3/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ☒ Delete
NAME COSTANTINO, BISHOP FRANK
STREET ADDRESS 2001 MERCY DR SUITE 101
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☐ Delete
NAME ROSS, ERNEST F III
STREET ADDRESS 2396 LYNN LAKE PL SOUTH
CITY-ST-ZIP ST PETERSBURG, FL 33712

TITLE D ☐ Delete
NAME BROWN, CHARLES
STREET ADDRESS 2001 MERCY DR SUITE 101
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D ☐ Delete
NAME COSTANTINO-BROWN, LORI
STREET ADDRESS 2001 MERCY DR SUITE 101
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: Lori Costantino DATE 3/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #