

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90042 036 ****70.00

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01042008 Chg-NP CR2E037 (12/06)

4. FEI Number
03-0447282

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILHELM, JERRY E
465 VENTURA PLACE
VERO BEACH, FL 32963

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, 2008

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 P
NAME HOROVITZ, MARVIN ☒ Delete
STREET ADDRESS 9026 CASTLE HARBOR CIRCLE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE VP
NAME KASTENSMIDT, JIM ☒ Delete
STREET ADDRESS 866 34TH AVENUE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE S
NAME MCDONALD, RUTH ☒ Delete
STREET ADDRESS 610 39TH COURT S.W.
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE T
NAME WILHELM, JERRY E ☐ Delete
STREET ADDRESS 465 VENTURA PL.
CITY-ST-ZIP VERO BEACH, FL 32963

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 PRESIDENT ☒ Change ☐ Addition
NAME JIM KASTENSMIDT
STREET ADDRESS 866 34TH AVE.
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE VICE PRESIDENT ☐ Change ☐ Addition
NAME CLARK BALLARD
STREET ADDRESS 1115 BUCKHEAD DR. S.W.
CITY-ST-ZIP VERO BEACH, FL 32968

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

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

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

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 an address, with all other like empowered.

SIGNATURE: *Jerry E Wilhelm* JERRY E. WILHELM

1-4-08 772-234-6450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #