

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90030 015 ****61.25

40008212



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
55-0819481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, RICHARD W ESQ.
112 N FLORIDA AVE
DELAND, FL 32720

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 BMD ☐ Delete
NAME FLYNN, SUSAN L
STREET ADDRESS 2026 SPYGLASS LANDE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE BM ☐ Delete
NAME HEITMAN, BETTY
STREET ADDRESS 4153 S. ATLANTIC, UNIT 214
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE DC ☐ Delete
NAME GOULBOURNE, DELMA
STREET ADDRESS 2024 N PENINSULA AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 BMD ☒ Change ☐ Addition
NAME PAUL J. DELFINO
STREET ADDRESS 2020 SPYGLASS LN.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE DC ☒ Change ☐ Addition
NAME AVA NICHOLL
STREET ADDRESS 2011 SPYGLASS LN.
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-421-8604