## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008046

Entity Name: SUCCESS BUILDERS, INCORPORATED

FILED Jul 01, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1400 DUNN AVENUE SUITE 13 JACKSONVILLE, FL 32218 **New Mailing Address: Current Mailing Address:** 1400 DUNN AVENUE SUITE 13 JACKSONVILLE, FL 32218 FEI Number: 04-3717876 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROKEMOND, LOLA C 1440 DUNN AVENUE SUITE 13 JACKSONVILLE, FL 32218 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BROKEMOND, LOLA C BROKEMOND, LOLA C Name: Name: 228 MULBERRY STREET Address: 12562 ANGEL LAKE DR W Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32218 Title: ( ) Delete Title: () Change () Addition HARDAWAY, ROSE Name: Name: Address: 12565 ANGEL LAKE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RILEY, YVONNE Name: RILEY, YVONNE Name: 7154 MATTHEW STREET 7027 QUEEN OF HEARTS Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: () Change () Addition Name: MOORE, GENEVA C Name: Address: 224 HIGHLAND AVENUE Address: City-St-Zip: MADISON, WI 53705 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CASS, MILLER CHAREESE, HARDAWAY Name: Name: 4225 WEST 19TH PLACE 8100 ST. LAWRENCE AVENUE Address: Address: City-St-Zip: CHICAGO, IL 60619 City-St-Zip: **GARY, IN 46404** Title: () Delete Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

HALL, CYNTHIA A

9738 CASTLEWOOD COVE INDIANAPOLIS, IN 46280

SIGNATURE: LOLA C, BROKEMOND OD 07/01/2006

HALL, CYNTHIA A

105 DOUGLAS STREET

HOMASSASA SPRINGS, FL 36444

Name:

Address:

City-St-Zip: