

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008046

FILED  
May 14, 2007  
Secretary of State

Entity Name: SUCCESS BUILDERS, INCORPORATED

## Current Principal Place of Business:

1400 DUNN AVENUE  
SUITE 13  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

## Current Mailing Address:

1400 DUNN AVENUE  
SUITE 13  
JACKSONVILLE, FL 32218

## New Mailing Address:

12562 ANGEL LAKE DRIVE W  
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:

BROKEMOND, LOLA C  
1440 DUNN AVENUE  
SUITE 13  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

BROKEMOND, LOLA C  
12562 ANGEL LAKE DRIVE W  
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:

05/14/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: OD ( ) Delete  
Name: BROKEMOND, LOLA C  
Address: 12562 ANGEL LAKE DR W  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: HARDAWAY, ROSE  
Address: 12565 ANGEL LAKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: RILEY, YVONNE  
Address: 7027 QUEEN OF HEARTS  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete  
Name: MOORE, GENEVA C  
Address: 224 HIGHLAND AVENUE  
City-St-Zip: MADISON, WI 53705

Title: D ( ) Delete  
Name: CHAREESE, HARDAWAY  
Address: 4225 WEST 19TH PLACE  
City-St-Zip: GARY, IN 46404

Title: D ( ) Delete  
Name: HALL, CYNTHIA A  
Address: 9738 CASTLEWOOD COVE  
City-St-Zip: INDIANAPOLIS, IN 46280

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PORTER, KATHRYN  
Address: 1750 LAUDER STREET  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: LOLA C. BROKEMOND

OD

05/14/2007

Electronic Signature of Signing Officer or Director

Date