

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90006 001 \*\*\*\*61.25

| <b>DOCUMENT # N02000008948</b>  |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
|---|---------------------|--|--|---------------------------------------|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|-------------------|--|----------------|--|--|-------------|---------------------|--|-------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|-------------------|--|----------------|--|--|-------------|---------------------|--|-------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|-------------------|--|----------------|--|--|-------------|---------------------|--|-------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|-------------------|--|----------------|--|--|-------------|---------------------|--|-------------|--|--|-------|------|---------------------------------|-------|------|---|----------------|-------------------|--|----------------|--|--|-------------|---------------------|--|-------------|--|--|
| <b>1. Entity Name</b><br>HOLLYWOOD FAITH CHRISTIAN CHURCH, INC.   |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>Principal Place of Business</b><br>7517 GARFIELD STREET<br>HOLLYWOOD, FL 33024   |                     |  | <b>Mailing Address</b><br>7517 GARFIELD STREET<br>HOLLYWOOD, FL 33024                  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                     | <b>3. Mailing Address</b>  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc.  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| City & State  |                     | City & State   |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| Zip   | Country             | Zip  | Country  | <b>4. FEI Number</b><br>32-0044205    |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                     |  |  | <b>\$8.75 Additional Fee Required</b> |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                     |  | <b>7. Name and Address of New Registered Agent</b>                                     |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| CONIGLIO, JOHN A<br>4801 SOUTH UNIVERSITY DRIVE<br>DAVIE, FL 33328  |                     |  | ACCUPAY SERVICES CORP.<br>1776 N. Pine Island Rd.<br>Suite 216<br>Plantation, FL 33322 |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>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.</b>   |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| SIGNATURE <span style="float: right;">3-17-08</span><br><small>Signature of individual named name of registered agent and title, if applicable. (N/A if Registered Agent signature required when resigning)</small>   |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>   |                     | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution: <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>Make check payable to Florida Department of State</b>  |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">7517 GARFIELD ST.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">HOLLYWOOD, FL 33024</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">7517 GARFIELD ST.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">HOLLYWOOD, FL 33024</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">7517 GARFIELD ST.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">HOLLYWOOD, FL 33024</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">7517 GARFIELD ST.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">HOLLYWOOD, FL 33024</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">7517 GARFIELD ST.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">HOLLYWOOD, FL 33024</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                     |  |  |                                       |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 7517 GARFIELD ST. |  | STREET ADDRESS |  |  | CITY-ST-ZIP | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 7517 GARFIELD ST. |  | STREET ADDRESS |  |  | CITY-ST-ZIP | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 7517 GARFIELD ST. |  | STREET ADDRESS |  |  | CITY-ST-ZIP | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 7517 GARFIELD ST. |  | STREET ADDRESS |  |  | CITY-ST-ZIP | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | 7517 GARFIELD ST. |  | STREET ADDRESS |  |  | CITY-ST-ZIP | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS  |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| TITLE   | NAME                | <input type="checkbox"/> Delete  | TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| STREET ADDRESS  | 7517 GARFIELD ST.   |  | STREET ADDRESS   |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| TITLE   | NAME                | <input type="checkbox"/> Delete  | TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| STREET ADDRESS  | 7517 GARFIELD ST.   |  | STREET ADDRESS   |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| TITLE   | NAME                | <input type="checkbox"/> Delete  | TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| STREET ADDRESS  | 7517 GARFIELD ST.   |  | STREET ADDRESS   |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| TITLE   | NAME                | <input type="checkbox"/> Delete  | TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| STREET ADDRESS  | 7517 GARFIELD ST.   |  | STREET ADDRESS   |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| TITLE   | NAME                | <input type="checkbox"/> Delete  | TITLE  | NAME                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| STREET ADDRESS  | 7517 GARFIELD ST.   |  | STREET ADDRESS   |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| CITY-ST-ZIP   | HOLLYWOOD, FL 33024 |  | CITY-ST-ZIP  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>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.</b>   |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |
| <b>SIGNATURE:</b> Sharon A. Woodin <span style="float: right;">4-29-08 954-983-7088</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                     |  |  |                                       |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |       |      |                                 |       |      |   |                |                   |  |                |  |  |             |                     |  |             |  |  |

40104425



01182008 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
32-0044205

Applied For  
Not Applicable

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

**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          | D                   | <input type="checkbox"/> Delete |
| NAME           | WOODIN, JOHN M      |                                 |
| STREET ADDRESS | 7517 GARFIELD ST.   |                                 |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33024 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | BAVONE, BERNAY M    |                                 |
| STREET ADDRESS | 7517 GARFIELD ST.   |                                 |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33024 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | WOODIN, SHARON A    |                                 |
| STREET ADDRESS | 7517 GARFIELD ST.   |                                 |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33024 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | MANTAY, MANFRED     |                                 |
| STREET ADDRESS | 7517 GARFIELD ST    |                                 |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33024 |                                 |
| TITLE          | D                   | <input type="checkbox"/> Delete |
| NAME           | CHAMPAGNE, STEVE    |                                 |
| STREET ADDRESS | 7517 GARFIELD ST    |                                 |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33024 |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Sharon A. Woodin 4-29-08 954-983-7088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR