

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90077 012 \*\*\*\*70.00

40013763



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
06-1670536

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MACMATH, GARY  
445 31ST STREET NORTH  
ST. PETERSBURG, FL 33713

## 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, 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	PD	<input type="checkbox"/> Delete
NAME	MISIEWICZ, PAUL V	
STREET ADDRESS	1601 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSSEY, RUTLAND	
STREET ADDRESS	445 31ST STREET N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	DST	<input type="checkbox"/> Delete
NAME	POYNTER, SALLY	
STREET ADDRESS	100 BEACH DRIVE NE #1103	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTS, BOB	
STREET ADDRESS	334 48TH AVENUE N. APT. 132	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ALTON M	
STREET ADDRESS	715 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	MACMATH, GARY	
STREET ADDRESS	445 31ST STREET NO	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	

## 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 checked="" type="checkbox"/> Addition
NAME	Martin Lott	
STREET ADDRESS	445 31st Street North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeff Mary McCook	
STREET ADDRESS	445 31st Street North	
CITY-ST-ZIP	St. Petersburg, FL 33713	

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 #