

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90042 041 ****61.25

40011634



02052007 Chg-NP CR2E037 (12/06)

4. FEI Number **90-0015434** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHESTNUT, MATHEW
100-D PLANTATION DR
TITUSVILLE, FL 32780

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 **DVP** ☒ Delete
NAME **WILLIAMS, JANE**
STREET ADDRESS **145 PLANTATION DR**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **DP** ☒ Delete
NAME **ZAHN, DAN**
STREET ADDRESS **145 PLANTATION DR**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **DST** ☒ Delete
NAME **HALL, ROBERT**
STREET ADDRESS **145 PLANTATION DR**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

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 **DP** ☐ Change ☒ Addition
NAME **BURKE, JUDITH**
STREET ADDRESS **145 PLANTATION DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **DVP** ☐ Change ☒ Addition
NAME **LECHNER, PAUL**
STREET ADDRESS **145 PLANTATION DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **DST** ☐ Change ☒ Addition
NAME **HENRETTA, MICHAEL**
STREET ADDRESS **145 PLANTATION DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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: Judith P Burke President 2/6/07 321-268-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #