

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90026 039 ****61.25

40116400



04252007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent

MYERS, JOHN
6040 9TH AVE NORTH
ST PETERSBURG, FL 33710

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	D	<input type="checkbox"/> Delete
NAME	PERKEY, VANCE	
STREET ADDRESS	PO BOX 60754	
CITY-ST-ZIP	ST PETERSBURG, FL 33784	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIPTON, JUDY	
STREET ADDRESS	5128 12TH AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOORHOUSE, JAMES	
STREET ADDRESS	675 63RD ST S.	
CITY-ST-ZIP	ST PETERSBURG, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, JOHN	
STREET ADDRESS	6040 9TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SANDY ALBANESE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4490 33RD AVE NORTH	
STREET ADDRESS	ST PETERSBURG FL	
CITY-ST-ZIP	33713	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES BAK BOARZ	
STREET ADDRESS	2632 45TH WAY N.	
CITY-ST-ZIP	ST PETERSBURG, FLORIDA 33713	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 June 2007

Date

Daytime Phone #