2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03000004204 1. Entity Name



FILED Jul 25, 2007 8:00 am **Secretary of State**

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Principal Place of Business Maili 915 8TH AVENUE SOUTH 915				lailing Address 215 8TH AVENUE SOUTH ACKSONVILLE BEACH, FL 32250								
2 Principal C	Disco of Dunio	oos No DO Boy #	2 Mailing Address									
2. Principal Place of Business - No P.O. Box # 3. Mi P. C			P. O. Box	0.0.Box 55056			1 (00)(10) 61) 0		EIJ BREI BRUE I		Sikul di (da)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			07162007	Chg-NP	CR2E	37 (12/06)		
City & State			City & State JACKSONUI	ch, Fl)	4. FEI Number 16-1680	987			pplied For ot Applicable		
Zip	Zip Country		Zip _ Co		untry ISA				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					Name		7. Name and A	Address of New	Registered	Agent		
O'NEILL, KAREN B						Name						
1009 21ST STREET NORTH JACKSONVILLE BEACH, FL 32250					Street A	Address (I	P.O. Box Number	is Not Acceptab	ele)			
					City					Zip Cod	le	
The above named entity submits this statement for the purpose of changing its registered of the purpose of								:- sh - O1.F	FL	– '		
	tions of registe		or the purpose of changing	its register	red onice o	register	ed agent, or both	i, ii) the State of F	HORICAL 1 AIT	ı ıamıllar witn,	ало ассерт	
SIGNATURE		or printed name of registered agent	and title if applicable. (f	IOTE: Register	ed Agent signet	ture required	when rainstating)		DATE			
	Signature, typed	or printed name of registered agent e is \$61.25 stember 14, 2007	9. Election (Financing		\$5.00 May Be Added to Fees		Make chec	ck payable t		
10.	Filing Fee	e is \$61.25	9. Election (Trust Fun	Campaign I	Financing tion.		\$5.00 May Be	Flo	Make checorida Depa	rtment of S	tate	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURES

CITY-ST-ZIP

STREET ADDRESS | 203 BAY STREET

NEPTUNE BEACH, FL 32266