

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

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90112 041 \*\*\*\*61.25

**60002934**



01102007 No Chg-NP CR2E037 (4/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>57-1181310</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SARAGA, FRIEDA  
3820 LAVISTA CIRCLE, #116  
JACKSONVILLE, FL 32217

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | D                         |
| NAME           | SARAGA, FRIEDA            |
| STREET ADDRESS | 3820 LAVISTA CIRCLE, #116 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32217    |
| TITLE          | D                         |
| NAME           | HIGGISON, JUDY            |
| STREET ADDRESS | 2950 ST. JOHNS AVE., #9   |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32205    |
| TITLE          | D <i>FITZGERALD</i>       |
| NAME           | FITZPATRICK, ROBERT       |
| STREET ADDRESS | 3628 ERNEST ST.           |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32205    |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE  
IN THIS SPACE**

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: *Frieda Saraga*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/07* *904-348-8664*  
Date Daytime Phone #