2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	1. Entity Name	IENT # N03000006				-07-2008 90067 036 ****6	51.25	
2. Principal Face of Business - No P.O. Box # 3. Mailing Address Sulfa, Apt. #, etc. Applied For Relative States Sulfa, Apt. #, etc. Applied For Relative States Sulfa, Apt. #, etc. Applied For Relative States Applied For Relativ	2803 E. CERVANTES ST. 503 N. HDAMS 2803 E. CERVANTES ST. SUITE B CULFBREEZE PENSACOLA, FL 32503 PL 32501							
City & State City & State City & State City & State Country Exp Exp Exp Exp Exp Exp Exp Ex								
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062008 Chg	-NP CR2E037 (12/06)		
S. Certificate of Status Desired — Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent. 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agen	City & State		City & State			[` 	
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PRAVES, LORRAINE M 1782803 E. CERVANTES 9T C 422803 F. S2503	□ Delete □ Delete □ Delete □ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. Thereby certify that the information supplied with this tiling does not quality for the exemptions contained in Chapter 119, Honda Statutes. I further certify that it are 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/08 850 291-929.

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