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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2008 08:00 AN Secretary of State

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Suite Apil #, etc. Suite Apil #, etc. Suite Sui	RT. 3 BOX 10 STATE RD. 10	01G 00	P.O.BOX 553	054		L IDENNER BIL DEFIE				RIII 41 IAII
City & State City & State Country Zip Country S. Confidence of State Deserour Set Reposited People of State Set Reposited Set R	2. Principal Place of Business - No P.O. Box # 3. Mailing Addres			idress						
Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.					04182008 Ch	g-NP	CR2E037 (*	2/06)	
Sirear Address of Current Registered Agent JACKSON, SAMUEL A 802 SE 5TH AVE LAKE BUTLER, FL 32054 8. The above named entity submits this statement for the purpose of changing is registered aligner or registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of registered agent, or both, in the State of Florida. I am familiar with, and acc plashalors of Florida. I am familiar with, and acc plashalors of Florida. I am familiar with, and acc plashalors of Florida. I am familiar with and acc plashalors of Florida. I am familiar with and acc plashalors of Florida. I am familiar with and acc plashalors of Florida. I am familiar with and acc plashalors of Florida. I am familiar with and acc plashalors of Florida. I am familiar with and acc plashalors of Florida. I am familiar with and	City & State	9	City & State				7		<u> </u>	pplied For at Applicable
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SIGNATURE 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE Signature, speak or procedurate of registered agent and seak deprecable. Purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. or both, in the State of Florida. I am familiar with, and according to the obligation of the properties agent agent adjusted agent. or both, in the State of Florida. I am familiar with, and according to the obligation of the obligation of the second agent		6. Name and Address of Current	Registered Agent		Name	7. Name and Add	ess of New R	egistered Ager	it	
Edy PL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillier with, and occurred the obligations of registered agent. SIGNATURE Signature, ipastic printed name of registered agent and she disposed. Signature, ipastic printed name of registered agent a	802 SE 5TH AVE				Street Address (P.O. Box Number is Not Acceptable)					
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Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO	TE [,] Register	ed Agent signature required	1 when reinstating)		DATE		
TITLE DACKSON, SAMUEL A PASTOR STREET ADDRESS CITY-ST-2P LAKE BUTLER, FL 32054 CITY-ST-2P CITY-ST-2	•	- · · · · · · · · · · · · · · · · · · ·				\$5.00 May Be Added to Fees	Flori	ida Departme	yable to	o late
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SIGNATURE: Signature and Typeology Printer Phone of Signing Officer or Director 5-4-08 Date Date Daytime Phone of	indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that owered to execute this repor with all other like empowered	my signa t as requ d.	ature shall have the sired by Chapter 617	same legal effect as if 7. Florida Statutes; and	f made under o d that my name	oath; that I am a e appears in Blo	n officer ock 10 o	or director