

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 010 ****61.25

40130179



07052007 Chg-NP CR2E037 (12/06)

4. FEI Number
34-1977660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYALS, JACK L
843 E NEW HAVEN AVE
MELBOURNE, FL 32904-0754

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 September 14, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, BEVERLY	
STREET ADDRESS	P O BOX 754	
CITY-ST-ZIP	MELBOURNE, FL 329020754	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUTCHER-HERENDEEN, LISA	
STREET ADDRESS	P O BOX 754	
CITY-ST-ZIP	MELBOURNE, FL 329020754	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, SHERI	
STREET ADDRESS	P O BOX 754	
CITY-ST-ZIP	MELBOURNE, FL 329020754	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KASICA, THOMAS	
STREET ADDRESS	PO BOX 754	
CITY-ST-ZIP	MELBOURNE, FL 329020754	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Ridenour	
STREET ADDRESS	PO Box 754, Melbourne, FL 32902	
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Smith	
STREET ADDRESS	PO Box 754, Melbourne, FL 32902	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela St. Amant	
STREET ADDRESS	PO Box 754, Melbourne, FL 32902	
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: Thomas J. Kasica **THOMAS J. KASICA**

7/5/07

(321)722-9870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #