

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

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90055 036 \*\*\*\*61.25

40163010



07272007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-0702651

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

FOWLER, JAMES T  
290 MIRAMAR RD  
FT MYERS, FL 33905

**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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PP  
FOWLER, JAMES T  
244 LAGOON DR  
FT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BLAIR, LENARD T  
221 KINGSTON DR  
FT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
STARKS, CHARLES  
211 KINGSTON DR  
FT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
YOUNG, CHESTER  
227 DELRAY AVE  
FT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KIMBRELL, ROBERT  
4543 AUBURN AVE  
FT MYERS, FL 33905

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, BARBARA  
310 CAROL WAT  
FT MYERS, FL 33905

**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:**

*Charles Starks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/14/2007*  
Date

Daytime Phone #