

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

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90130 001 \*\*\*122.50

00013703



04242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
30-0284229

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**

SAYNE, LYNN DR  
8506 N GOMEZ AVE  
TAMPA, FL 33614

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SAYNE, LYNN DR  
8506 N GOMEZ AVE  
TAMPA, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SAYNE, SHELIA  
8506 N GOMEZ AVE  
TAMPA, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRISHAW, BILL  
501 W BIRD ST  
TAMPA, FL 33604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IRWIN, TERRY  
6411 N LOIS AVE  
TAMPA, FL 33614

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 address with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 813-624-3640

Date

Daytime Phone #