

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 23 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232008 Chg-NP CR2E037 (12/06)

4. FEI Number
13-4276460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARNHART, BRYON J
1090 COOK RD
LAMONT, FL 32336

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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	DP	<input type="checkbox"/> Delete
NAME	BARNHART, BYRON J CEO	
STREET ADDRESS	1090 COOK RD	
CITY-ST-ZIP	LAMONT, FL 32336	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BROCKMAN, RHONDA	
STREET ADDRESS	85 ALEXANDRA ROAD	
CITY-ST-ZIP	LAMONT, FL 32336	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	BROCKMAN, CASSAUNDRA	
STREET ADDRESS	166 HICK'S ROAD	
CITY-ST-ZIP	LAMONT, FL 32336	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	LITTLE, CLARENCE	
STREET ADDRESS	751 EAGLE VIEW DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LITTLEJOHN, LAURA CFO	
STREET ADDRESS	532 RUSTLING PINES BLVD.	
CITY-ST-ZIP	MIDWAY, FL 32342	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, WILLIE J	
STREET ADDRESS	196 SCOTTSVILLE RD	
CITY-ST-ZIP	LAMONT, FL 32336	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500128777965
CITY-ST-ZIP	05/07/08--01041--029 **\$61.25
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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Asst. TD, CFO
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: Willie James Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-08

Date Daytime Phone #