

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

FILED

07 AUG 22 AM 8:09

CLERK OF STATE
TALLAHASSEE, FLORIDA



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5185889 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, MARK
4 HARVARD CIRCLE, STE 950
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name Lederman, David
Street Address (P.O. Box Number is Not Acceptable)
4 Harvard Circle Ste. 950
City West Palm Beach FL 33409

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]

1/16/07

**Filing Fee is \$61.25
Due by May 1, 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	☐ Delete
NAME	WELCH, MARK	
STREET ADDRESS	4 HARVARD CIRCLE, STE 950	
CITY - ST - ZIP	WEST PALM BEACH, FL 33409	
TITLE	STD	☐ Delete
NAME	LEDERMAN, DAVID	
STREET ADDRESS	4 HARVARD CIRCLE, STE 950	
CITY - ST - ZIP	WEST PALM BEACH, FL 33409	
TITLE	VD	☐ Delete
NAME	STUART, DAVID	
STREET ADDRESS	4 HARVARD CIRCLE, STE 950	
CITY - ST - ZIP	WEST PALM BEACH, FL 33409	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☐ Addition
NAME	Lederman, David	
STREET ADDRESS	4 Harvard Circle, Ste 950	
CITY - ST - ZIP	West Palm Beach, FL 33409	
TITLE	VPD	☐ Change ☐ Addition
NAME	Sellinger, John	
STREET ADDRESS	4 Harvard Circle, Ste 950	
CITY - ST - ZIP	West Palm Beach, FL 33409	
TITLE	STD	☐ Change ☐ Addition
NAME	Greg Liermann	
STREET ADDRESS	4 Harvard Circle Ste. 950	
CITY - ST - ZIP	West Palm Beach, FL 33409	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

300108855613
08/31/07--01005--008 ***\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/07

8/24