## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90056 020 \*\*\*\*61.25

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١.	Entity Name	
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DOCUMENT # NOA000003792 ASSOCIATION, INC.

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114 4TH ST	ce of Business ON BEACH, FL 32548 US	Mailing Address P.O. BOX 912 FORT WALTON BEACH,	, FL 32549 US				
		130					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing dicress			31 JU JULI EIJU ILI ILI ILI I		
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		040720	08 Chg-NP	CR2E037 (12/06)	)
City & Stat	te	City & State	ly & State		umber 1486387		Applied For Not Applicable
Zoj	Cay	Zip	Country	5. Certifi	cate of Status Desired	□ \$8.75 A Fee Regul	
	6. Name and Address of Current	Registered Agent		7. Name	and score of New	Registered Agent	
SNYDER,	LINDA D		Name	-			
810 EGLI	N PKWY NE #4		Street A	Address (P.O. Box N	umber is Not Acceptab	ole)	
FORTWA	ALTON BEACH, FL 32547						
			City	<del></del>		FL Zip Co	xde
8. The above	e named entity submits this statement fo	or the purpose of changing its	s registered office o	r registered agent, o	or both, in the State of F		h, and accept
the obliga	ntions of registered agent.	-	_	-			•
0101117177							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	IF: Recistered Agent signs	ture required when reinstatin	n)	DATE	
		(12.	tat rangement out regard out to	o o rodonoci wineri romiscota	•	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca	mpaign Financing Contribution.	\$5.00 M	lay Be	Make check payable orida Department of	
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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 giver like empowered.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS 5909 WILL ROGERS DRIVE

ENID, OK 73703