

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 FEB -1 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012008 Chg-NP CR2E037 (12/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BOYNTON, WILLIAM C  
2520 OX BOTTOM RD  
TALLAHASSEE, FL 32312

## 7. Name and Address of New Registered Agent

Name Ben Boynton  
Street Address (P.O. Box Number is Not Acceptable)  
2735 Miller Landing Rd  
City Tallahassee FL Zip Code 32312

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, 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	AP	<input type="checkbox"/> Delete
NAME	BOYNTON, WILLIAM C	
STREET ADDRESS	2520 OX BOTTOM RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOYNTON, ANNA S	
STREET ADDRESS	2735 MILLER LANDING RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BOYNTON, LAURA K	
STREET ADDRESS	2735 MILLER LANDING RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	AP	<input type="checkbox"/> Delete
NAME	BOYNTON, BEN C	
STREET ADDRESS	2735 MILLER LANDING RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900117635229
STREET ADDRESS	02/08/08--01050--007 **61.25
CITY-ST-ZIP	
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 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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/08

850 893-6254