2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005948

1. Entity Name

FILED
08 AUG -8 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% 1882 CAPITAL CIRCLE NE SUITE 206 TALLAHASSEE, FL 32308	% 1882 CAPITAL CIRCLE NE SUITE 206 TALLAHASSEE, FL 32308

Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-1999230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Esq. H. Richard Bisbee
1882 Capitol Circle NE
Suite 206
Tallahassee, FL 32308

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.

700134355197
08/12/08--01006--009 **70.00

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Calvin J. McFadden 9141 Seafair Lane Tallahassee, Fl 32317	☐ Delete	TITLE V V - Candace McCray 259 Oakview Drive Tallahassee, Fl 32305	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kym Holcomb 2035 Duneagle Lane Tallahassee, Fl 32317	☑ Delete	TITLE D Kym Holcomb 2035 Duneagle Lane Tallahassee, Fl 32317	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Keith Miles 3473 Gardenview Way Tallah, Fl 32309	☑ Delete	TITLE T Vanda Bowman 233 Nabb Rd. Tallahassee, Fl 32317	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Margo Sinclair-Thomas 4428 Anastasia Ct. Tallahassee, Fl 32305	☑ Delete	TITLE D D - Karth Downing P.O. Box 5571 Tallahassee, Fl 32314	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Stenise Rolle 130 Salem Court Tallahassee, Fl 32301	☑ Delete	TITLE D D - Timothy Butler P.O. Box 2006 Tallahassee, Fl 32316	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Valerie Walker 684 Ridge Road Tallah, Fl 32305	☐ Delete	TITLE D D - KaJuan Speights 1870 Rodeo Court Tallahassee, Fl 32311	☐ Change	☑ Addition

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: Kym Holcomb Kym G. Holcomb 7/23/08 850 201 4263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #