

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006985

FILED  
Aug 09, 2007  
Secretary of State

Entity Name: AMPLIFY, INC.

**Current Principal Place of Business:**

3519 HERSHCEL AVE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

3519 HERSCHEL AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1142 MAPLETON RD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 20-1465640      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GANNAM, ROGER K  
12276 SAN JOSE BLVD SUITE 126  
LINDELL, FARSON & PINCKET, PA  
JACKSONVILLE, FL 32203 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RIDER, CECILE  
Address: 1121 MORVENWOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: P ( ) Delete  
Name: STAKE, CAROLINE  
Address: 1142 MAPLETON RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V ( ) Delete  
Name: STAKE, IAN  
Address: 1142 MAPLETON RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: BACH, LORI  
Address: 1335 GREENRIDGE RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: GLOVER, KEVIN  
Address: 1172 DURBIN PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JOEL, BOB  
Address: 6319 CHRISTOPHER CREEK RD. W  
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE L. STAKE

P

08/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date