

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

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90069 003 \*\*\*\*61.25

**60020924**



02202007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1486711</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PERRI, DANIEL C  
4 ELEVENTH AVE., SUITE 1  
SHALIMAR, FL 32579

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: Director - President  
NAME: ROLLINS, DORIS M.  
STREET ADDRESS: 1018 FT. SUMTER DR.  
CITY-ST-ZIP: CHARLESTON, SC 294124308

TITLE: Director - Vice President  
NAME: William David McClary, VI  
STREET ADDRESS: P.O. Box 669  
CITY-ST-ZIP: Summerton, SC 29148

TITLE: Director - Secretary  
NAME: Doris McClary Rollins  
STREET ADDRESS: 4520-B 28th Road South  
CITY-ST-ZIP: Arlington, VA 22206

TITLE: Director - Treasurer  
NAME: Leland Gregory Rollins, III  
STREET ADDRESS: 914 Kushiwah Creek Drive  
CITY-ST-ZIP: Charleston, SC 29412

TITLE: Director  
NAME: Carl Reader McClary  
STREET ADDRESS: 475 Hascall Road  
CITY-ST-ZIP: Atlanta, GA 30309

TITLE: Director  
NAME: Karen Boylston Rollins  
STREET ADDRESS: 914 Kushiwah Creek Drive  
CITY-ST-ZIP: Charleston, SC 29412

**DO NOT WRITE  
IN THIS SPACE**

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: Doris M. Rollins DORIS M. Rollins 2/20/07 (813) 795-0643  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #