

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90035 007 \*\*\*\*61.25

40007434



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-1245508

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

TIERNEY, THOMAS W  
5070 NORTH HWY A-1-A STE 200  
VERO BEACH, FL 32963

**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 NAME STREET ADDRESS CITY-ST-ZIP	PDST KAHLE, DOLF 7635 N. POLO GROUNDS LANE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSENBERG, MICHAEL 5100 NW 84TH ROAD CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>BARON</del> , ROBERT <i>Baron, Robert</i> P.O. BOX 3628 VERO BEACH, FL 32964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPIONE, CHRIS 2125 NORTH PORPOISE POINT VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, JULE 5025 3RD MANOR VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Dolf Kahl* *Dolf Kahl - President* 3-8-07 777-567-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #