

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90051 029 ****61.25

40023546



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0532583

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT MYERS, FL 33901

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.

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHORNESON, ANDY	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAGAN, JOHN	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY SUITE 2	
CITY-ST-ZIP	FT MYERS, FL 33912	
TITLE	ASM	<input checked="" type="checkbox"/> Delete
NAME	ROEDDING, JEANNE	
STREET ADDRESS	12734 KENWOOD LANE, SUITE 49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVEREAUX, MATT	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY STE 2	
CITY-ST-ZIP	FORT MYERS, FL 33912	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRON, DANIEL	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33966	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, ANDY	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33966	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEPHANO, PAUL	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS, FL 33966	
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:

Daniel Thron

DANIEL THRON

2/9/07

238-278-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #