

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90037 013 \*\*\*\*61.25

60026314



03022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2452576

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

STRAWN, JOEL T  
54 N.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483

## 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 \_\_\_\_\_ 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 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	C	<input checked="" type="checkbox"/> Delete
NAME	CARTER, SIDNEY D	
STREET ADDRESS	1210 S. OLD DIXIE HWY.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, TERRI	
STREET ADDRESS	1210 S. OLD DIXIE HWY.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEOLAZABAL, JOSE M.D.	
STREET ADDRESS	1210 S. OLD DIXIE HWY.	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	T	<input type="checkbox"/> Delete
NAME	DANIELS, DON	
STREET ADDRESS	1210 SOUTH OLD DIXIE HWY	
CITY-ST-ZIP	JUPITER, FL 33458	
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Dell Uomo	
STREET ADDRESS	1210 South Old Dixie Hwy.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terri Freeman	
STREET ADDRESS	1210 South Old Dixie Hwy.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Bishop	
STREET ADDRESS	1210 South Old Dixie Hwy.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Becker	
STREET ADDRESS	1210 South Old Dixie Hwy.	
CITY-ST-ZIP	Jupiter, FL 33458	
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:** *Paul Dell Uomo* **Paul Dell Uomo, Chairman** **3/9/07** **561-747-2020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #