## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001216

FILED Apr 07, 2009 Secretary of State

| Current Principal Place of Business:       |                                 |                                  | New Principal Place                | New Principal Place of Business:                          |  |
|--|---------------------------------|----------------------------------|------------------------------------|---|--|
|  | TERRACE<br>FL 33458             |                                  |                                    |   |  |
| Current Mailing Address:                   |                                 |                                  | New Mailing Address                | New Mailing Address:                                      |  |
|  | TERRACE<br>FL 33458             |                                  |                                    |   |  |
| FEI Number                                 | : 20-2289129                    | FEI Number Applied For ( )       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )                         |  |
| Name and                                   | d Address of                    | Current Registered Agent:        | Name and Address o                 | f New Registered Agent:                                   |  |
| 603 OAK JUPITER, The above in the Stat     | e named entity<br>e of Florida. | US                               | ourpose of changing its registered | d office or registered agent, or both,                    |  |
| SIGNATU                                    |                                 |                                  |                                    |   |  |
| OFFICERS AND DIRECTORS:                    |                                 |                                  | <br>ent                            | Date  |  |
| OFFICER                                    |                                 | nic Signature of Registered Age  |                                    |   |  |
| OFFICER Title: Name: Address: City-St-Zip: | S AND DIREC                     | CTORS: ) Delete , BARBARA K RACE |                                    | Date ES TO OFFICERS AND DIRECTORS ( ) Change ( ) Addition |  |

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: BARBARA KIRKPATRICK VΡ 04/07/2009