

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

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

03-16-2007 90134 001 \*\*\*\*61.25

03-16-2007 90134 002 \*\*\*\*\*8.75

66005300



01292007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
83-0418789

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**

CONEY, VIRGINIA L  
2721 NW 104 CT UNIT 2  
GAINESVILLE, FL 32606

**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  
D  
CONEY, VIRGINIA L  
913 SW 80TH TERRACE  
GAINESVILLE, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LOVEJOY, BONNY N  
455 CORNICHE WAY  
LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WALKER, DAHLIA S  
4355 FOUNTAINVIEW LN  
ORLANDO, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CONEY, EBONY C  
913 SW 80TH TERRACE  
GAINESVILLE, FL 32607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Virginia L. Coney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

Daytime Phone #