

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT 29 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-3818678

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703

## 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

Amended AR is \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HAWKS, CANDICE	
STREET ADDRESS	11315 CORPORATE BLVD. STE. 250	
CITY-ST-ZIP	ORLANDO, FL 32703	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRUNO, BOB	
STREET ADDRESS	14213 PLEACH STREET	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, FRANCIS	
STREET ADDRESS	1800 33RD ST, BLDG. 1, STE 100B	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald O'Hara	
STREET ADDRESS	3530 Victoria Pines Drive	
CITY-ST-ZIP	Orlando, Florida 32829	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mariel Milano	
STREET ADDRESS	10321 Manderley Way	
CITY-ST-ZIP	Orlando, Florida 32829	
TITLE	SD-TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Leichner	
STREET ADDRESS	3371 Wilshire Way Road	
CITY-ST-ZIP	Orlando, Florida 32829	
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: Theresa Sutherland, LCAM 10-23-07 407-774-7262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

112/300