



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

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009692		
1. Entity Name KENANSVILLE C.E.R.T., INC.		
Principal Place of Business 1180 S. CANOE CREEK RD KENANSVILLE, FL 34739 US		Mailing Address P.O. BOX 328 KENANSVILLE, FL 34739 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEVENS, ALISON R 5785 MAGNOLIA COURT OKEECHOBEE, FL 34972		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P STEVENS, ALISON , R 5785MAGNOLIA COURT OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LUX, ELTON, 1450 LAKE MARION RD. KENANSVILLE, FL 34739	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HANCOCK, LINDA, M 855 S. CANOE CREEK RD KENANSVILLE, FL 34739	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FULFORD, CAROLINA, J 2201 S. KENANSVILLE RD. KENANSVILLE, FL 34739	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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: 		03/22/2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3495343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000690823
04/12/07-80005-019 61.25

**DO NOT WRITE
IN THIS SPACE**