

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90444 011 ****61.25

40090816



04252007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4352399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIRZER, BILL
427 W NOBLE AVE
WILLISTON, FL 32696

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 re-registering) 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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CARSWELL, MARK	
STREET ADDRESS	116 7TH ST	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POUPARD, EVELYN	
STREET ADDRESS	5030 NE 155TH AVE	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BULLOCK, SUSAN E	
STREET ADDRESS	18050 NE 55 ST	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIRZER, BILL	
STREET ADDRESS	427 W NOBLE AVE	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, GARY	
STREET ADDRESS	427 W NOBLE AVE	
CITY-ST-ZIP	WILLISTON, FL 32696	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cox, Luann	
STREET ADDRESS	18051 NE 75th St.	
CITY-ST-ZIP	Williston FL 32696	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sloan, Ricky	
STREET ADDRESS	2601 SE 14th St	
CITY-ST-ZIP	Williston FL 32696	
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: Mark Carswell DP 4/25/07 (352) 854-7524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #