

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90404 050 \*\*\*\*61.25

40087451



04192008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-4549520

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WHITE, WILHAM D CAM  
2310 DELLA DR.  
NAPLES, FL 34117

## 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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
NAME TOMEK, FRANCIS  
STREET ADDRESS 11091 NW 12 MANOR  
CITY-ST-ZIP CORAL SPRINGS, FL 33071 ☐ Delete

TITLE DVP  
NAME KUTZLI, RODNEY  
STREET ADDRESS 87 MERDORO ESTATES DR.  
CITY-ST-ZIP RIDGWAY, CO 81432 ☒ Delete

TITLE DT  
NAME DEMARCO, MARGARET  
STREET ADDRESS 360 STELLA MORIS DR. N. #2410  
CITY-ST-ZIP NAPLES, FL 34114 ☐ Delete

TITLE SMA  
NAME WHITE, WILHAM D  
STREET ADDRESS 2310 DELLA DR.  
CITY-ST-ZIP NAPLES, FL 34117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME CALVIN, DENNIS  
STREET ADDRESS 1019 RIO DR  
CITY-ST-ZIP Grand Blanc, MI 48439 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: William D White 4/24/08 239-352-6780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #