2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001893

Address:

City-St-Zip:

FILED Sep 04, 2007 Secretary of State

Entity Name:	NVEST IN SUCCESS, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
1478 SUNSHAD CASSELBERRY				
Current Mailing Address:		New Maili	New Mailing Address:	
1478 SUNSHAD CASSELBERRY				
	00769 FEI Number Applied For() s. 607.193(2)(b), F.S., the corporation di ess of Current Registered Agent			
CHATMAN, LARONDA 1478 SUNSHADOW DR. #104 CASSELBERRY, FL 32707 US		1478 SUNS	CHATMAN, LARONDA M MRS. 1478 SUNSHADOW DR. #104 CASSELBERRY, FL 32707 US	
The above name in the State of Flo		ne purpose of changing it	s registered office or registered agent, or both,	
SIGNATURE: L	ARONDA CHATMAN		09/04/2007	
_	Electronic Signature of Registered	Agent	Date	
OFFICERS AND	DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition CHATMAN, LARONDA M MRS. 1478 SUNSHADOW DR #104 CASSELBERRY, FL 32707 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition RICHARDSON, DENISE L MRS. P.O. BOX 620113 OVIEDO, FL 32762 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition GRIFFIN, DIONNE A MRS. 809 42ND ST WEST PALM BEACH, FL 33407 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DIR () Change (X) Addition MATTHEWS, CYNTHIA A MRS. 1910 AVE Q FORT PIERCE, FL 34950 US	
Title: Name:	() Delete	Title: Name:	DIR () Change (X) Addition WILLIAMS, ALICIA M MRS.	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3483 TORCHMARK LANE

TALLAHASSEE, FL 32308 US

SIGNATURE: LARONDA CHATMAN DIR 09/04/2007