2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State 04-17-2007 90043 030 ****61.25

1. Entity Name	MENT # N0600000 f our constitution,							Ü	· 1 / <u>2</u> ·	007 200	745 050	01.23
Principal Place 136 BRONOL TALLAHASSE	JGH ST.	136 E	Malling Address 136 BRONOUGH ST. TALLAHASSEE, FL 32301							660	12635	
			 -									
2. Principal Pl	lace of Business - No P.O. Box #	3. Maiti	ng Address									E 1431 0 1501
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				0410200	O.I.	-NP		E037 (12/06)
City & State		City	City & State				4. FEI Num	ber 377	274	٠,		Applied For Not Applicable
Zip	Country	Zip		Cour	ntry		5. Certifica		-		\$8.75 / Foe Requ	
	6. Name and Address of Curre	ent Registered	Agent				7. Name a	nd Addre	ss of Nev	Register	ed Agent	
YOUNG, R	NOV C				Name							
225 S. ADA					Street Ad	ddress (F	P.O. Box Nun	nber is No	ot Accepta	ble)		
				ļ	- C b						1 - 7	
					City					F	FL Zip C	OOE
	named entity submits this statementions of registered agent.	nt for the purpo	ose of changing its r	egistere	d office or	registere	ed agent, or (ooth, in th	e State of	Florida. Li	em femiliar wi	th, and accept
SIGNATURE .	Signature, typed or printed name of registered ac	gent and tide if appli	icatale. (NOTE:	Registered	Agent signatu	re required	when reinstating)			DA	TE	
	Signature. Appel or printed name of registered as Filling Fee is \$61.25 Due by May 1, 2007	geni and tide if appli	9. Election Camp	paign Fi	nancing		\$5.00 May Added to Fer		FI	Make ch	eck payabk	
	Filing Fee is \$61.25		9. Election Camp	paign Fi	nancing		\$5.00 May Added to Fe	es _		Make ch orida De	eck payabk	State
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10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND		9. Election Camp Trust Fund Co	paign Filipation Filipation Titue NAME STREE	nancing on.	PD Mařk 136	\$5.00 May Added to Fe DDITIONS/C Wilson S. Bron	HANGES	St.	Make ch lorida De CERS AND	eck payable partment of DIRECTORS	State IN 10
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Thereby certify that the information supplied with this fiting 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 automass, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description Statutes and Type of Signing Prove 8