


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2007 8:00 am  
Secretary of State

03-01-2007 90005 015 \*\*\*\*70.50

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| DOCUMENT # N06000005679 |  |
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|--|---|
| Principal Place of Business<br>1725 MARKER ROAD<br>POLK CITY, FL 33868 | Mailing Address<br>PO BOX 1277<br>POLK CITY, FL 33868 |
|--|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box #<br>7225 Lake Lowry Rd | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |
| City & State<br>Haines City, FL                                      | City & State        |
| Zip<br>33844   | Country<br>USA      |

02162007 Chg-NP CR2E037 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-4492672 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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|---------------------------------------|--------------------------------|
| 5. Certificate of Status Desired<br>F | \$8.75 Additional Fee Required |
|---------------------------------------|--------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent<br>JACKSON, CHAD<br>1725 MARKER ROAD<br>POLK CITY, FL 33868 |
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|   |
|---|
| 7. Name and Address of New Registered Agent<br>Name Christopher Brown<br>Street Address (P.O. Box Number is Not Acceptable)<br>7225 Lake Lowry Rd<br>City Haines City FL Zip Code 33844 |
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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 *Christopher Brown* DATE 3/22/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JACKSON, CHAD<br>1725 MARKER ROAD<br>POLK CITY, FL 33868 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Christopher Brown<br>7225 Lake Lowry Rd<br>Haines City, FL 33844 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>BURNELL, GARY<br>10303 STEVEN DRIVE<br>POLK CITY, FL 33868 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President<br>Cody Matthews<br>451 Mayaguez Rd<br>Polk City, FL 33868 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BROWN, JUDY<br>7225 LAKE LOWRY ROAD<br>HAINEs CITY, FL 33844 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Christopher Brown* DATE 3/22/07 863 665 5722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR