

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

08 FEB -6 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**APPLIED FOR 20-5916558** ☒ Applied for  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BATTLE, ARRIE M  
919 HARDIN ST.  
QUINCY, FL 32351

**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

*Arrie M. Battle* *Ann Williams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-18-08*

**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          | PCD                     | <input type="checkbox"/> Delete |
| NAME           | WILLIAMS, ANN           |                                 |
| STREET ADDRESS | 629 ZION ST.            |                                 |
| CITY-ST-ZIP    | CHATTAHOOCHEE, FL 32324 |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | MCLEROY, MARY           |                                 |
| STREET ADDRESS | 82 FRANK JACKSON RD.    |                                 |
| CITY-ST-ZIP    | QUINCY, FL 32351        |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | BROWN, STEPHANIE        |                                 |
| STREET ADDRESS | P.O. BOX 737            |                                 |
| CITY-ST-ZIP    | CHATTAHOOCHEE, FL 32324 |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | BATTLE, ARRIE           |                                 |
| STREET ADDRESS | 919 HARDIN ST.          |                                 |
| CITY-ST-ZIP    | QUINCY, FL 32351        |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

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

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PCD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mary McLeroy         |  |
| STREET ADDRESS | 82 Frank Jackson Rd. |  |
| CITY-ST-ZIP    | Quincy, FL 32351     |  |
| TITLE          | TD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ann Williams         |  |
| STREET ADDRESS | 629 Zion St          |  |
| CITY-ST-ZIP    | Chattahoochee, FL    |  |
| 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          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

**800120780538**  
03/20/08--01004--018 \*\*61.25

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:

*Arrie M. Battle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-18-08*